VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 32

CERTIFICATE OF DEATH

06736

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Pikesville (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Old Court Road.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 35 hours

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Pikesville (If outside city or town limits, write RURAL and give town)
(d) Street No. 100 Old Court Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Elizabeth Pauline Alder

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife ~~Charles H. Alder~~

6. (c) If alive, give age ~~[illegible]~~ years

7. Birth date of deceased (mo., day, yr.) July 20, 1939.

8. AGE: Years | Months | Days 1 | If less than one day 11 hr. min.

9. Birthplace Old Court Road Pikesville (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Charles H. Alder.
13. Birthplace Garrison, md.

MOTHER
14. Maiden Name Mary Ida Atkinson
15. Birthplace Baltimore

16 (a) Informant Charles H. Alder
(b) Address Pikesville, md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22, 1939 (month) (day) (year)
(c) Cemetery or crematory St. Charles.
Location Church Lane, Pikesville

18 (a) Funeral director William Berryman & Sons
(b) Address Reisterstown, md.

19 (a) 7-22-39 (Date rec'd by registrar) (b) E. C. Michaels Registrar

MEDICAL CERTIFICATION

20. Date of death July 22 1939, at 4. A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1939, to July 22 1939, and that I last saw him alive on July 21 1939.

Immediate cause of death Premature Delivery

Due to 5 1/2 months

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James A. Miller M.D. M. D. or other

Address Pikesville, Md Date signed July 22, 1939

RECEIVED
AUG 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 23

06737

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Owings Mills (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: None
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) 8 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Owings Mills (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Thomas Franklin Ayler

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Emma R. Price

6. (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1866

8. AGE: Years 72 Months 7 Days 23 If less than one day ____hr. ____min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual occupation Retired Mail Carrier

11. Industry or business

FATHER 12. Name Wm. Henry Ayler

FATHER 13. Birthplace Baltimore

MOTHER 14. Maiden Name Jane Gladfelter

MOTHER 15. Birthplace —

16 (a) Informant Mrs. Alma Beam.

(b) Address Garrison, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8, 1939 (month) (day) (year)

(c) Cemetery or crematory Lorraine Cemetery

Location Windsor Mill Road.

18 (a) Funeral director Wm. Berryman & Sons

(b) Address Reisterstown, Md.

19 (a) July 6, 1939 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death 7/4/39, 19____, at 7:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/25 19 39, to 7/4 19 39, and that I last saw him alive on 7/4 19 39.

Immediate cause of death	Duration
Pulmonal embolism	
Due to arteriosclerosis	
Due to hypostasis	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature [signature] M. D. or other

Address Reisterstown Md Date signed 7/6/39

RECEIVED
AUG 5 1939
BUREAU V. S.

Mr Kieffer
1010 Leeds Ave
Arb 105

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

06738

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:

County: Balto

City or town: Halethorpe P.O.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 1706 Rittenhouse Ave

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Halethorpe P.O. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1706 Rittenhouse Ave
(If rural, give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Helen L. Baker

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~: John G. Baker

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct 6th 1860

8. AGE: Years: 78 Months: 8 Days: 29 If less than one day: ____ hrs. ____ min.

9. Birthplace: Balto Md
(Town, county, and state)

10. Usual occupation: At Home

11. Industry or business: Self

FATHER
12. Name: Martin Haas
13. Birthplace: Pa

MOTHER
14. Maiden name: Caroline Krug
15. Birthplace: Pa

16. Informant: Joseph F. Baker
Address: 1706 Rittenhouse Ave

17. Burial
(Burial, ~~cremation, or removal. Which?~~) Date thereof: 7/8/39 (month) (day) (year)

Cemetery ~~or crematory~~: Sacred Heart

Location: Balto Md

18. Funeral director: William Cook
Address: 1217 St. Paul St

19. July 5 1939 Geo Kieffer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 5th 1939, at 1:15 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1 1937, to July 5 1939, and that I last saw her alive on July 4 1939.

Immediate cause of death: Cardiovascular

Due to: renal disease

Due to: arterio sclerosis

Due to: Myocardial degenerate

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION: 2 yrs; 2 yrs; 2 yrs

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Geo. M. Kieffer M.D.
M. D. or other

Address: 2470 Frost Blvd Date signed: July 5 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 13 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06739

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Towson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: The Sheppard & Enoch Pratt Hospital
Stay in hospital or inst. (yrs., or mos., or days): 9 yrs., 6 mos., 28 days
Stay in this community (yrs., or mos., or days): 9 yrs., 6 mos., 28 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Olney Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: World War -

3. (a) FULL NAME: George Thomas Barnsley

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Feb. 5, 1892

8. AGE: Years	Months	Days	If less than one day
47	5	21	____ hrs. ____ min.

9. Birthplace: Montgomery Co., Maryland (Town, county, and state)

10. Usual occupation: Draftsman

11. Industry or business

FATHER
12. Name: George T. Barnsley
13. Birthplace: Pennsylvania

MOTHER
14. Maiden name: Susie Jones
15. Birthplace: Montgomery Co., Maryland

16. Informant: Hospital Record
Address

17. (Burial, cremation, or removal. Which?) Date thereof: July 29, 1939 (month) (day) (year)
Cemetery or crematory: Bethesda Md
Location: Same

18. Funeral director: Wm Reuben Plumpley
Address: Bethesda Md

19. July 29 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 26, 1939, at 11:36 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 28 1939, to July 26, 1939, and that I last saw him alive on July 26, 1939.

Immediate cause of death	DURATION
Aleukemic Leukemia;	
Anemia; Pulmonary Oedema.	5/15/39
Due to	
Due to	
Other conditions: Paranoid Schizophrenia	10 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: Enlarged liver and spleen, with cellular changes.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NONE
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Arthur E. Pannell, M.D. M. D. or other
Address: Towson, Maryland. Date signed

RECEIVED
AUG 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06740

CERTIFICATE OF DEATH

(95-t)

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 yrs 3 months 15 days

Stay in this community (yrs., or mos., or days) 2 yrs 3 months 15 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2962 Harford Road

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Matilda A. Berry

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Malcolm Berry

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) November 19 ~ 1870

8. AGE: Years 68 | Months 9 | Days 29 | If less than one day: ____ hrs. ____ min.

9. Birthplace Baltimore, Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER 12. Name Adam Bond

13. Birthplace Germany

MOTHER 14. Maiden name Catherine Snyder

15. Birthplace Md.

16. Informant Records of Spring Grove Hospital

Address Catonsville

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7-18-39 (month) (day) (year)

Cemetery or crematory Greenmount Cem.

Location Balto Md.

18. Funeral director J M Cook

Address Balto Md.

19. 7/17 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1939, at 10:30 am

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1st 1937, to July 16 1939, and that I last saw her alive on July 16 1939.

	DURATION
Immediate cause of death Cerebral Hemorrhage	4 days
Due to Hypertensive Heart Disease	before 1937
Due to General Arteriosclerosis	before 1937
Other conditions Bronchitis with Cerebral Arteriosclerosis	before 1937

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy As given above

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Serge Arnold M. D. or other

Address Catonsville Date signed 7/16/39

RECEIVED
JUL 20 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06741

1. PLACE OF DEATH (49-A)

County Baltimore Registration Dist. No. 21

Village or City Woodlawn No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie M. Blank

(a) Residence: No. Windsor Mill Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William C. Blank

6. DATE OF BIRTH (month, day, and year): August 18, 1884

7. AGE: Years 54 Months 10 Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Frederick Blankner

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. Eva M. Wagner, Windsor Mill Rd., Woodlawn

18. BURIAL, CREMATION, OR REMOVAL Place: Mt. Olive, Randallstown Date: July 10, 1939

19. UNDERTAKER (Address): E. Leroy Stiffler, Inc. 125 E. North Ave., Baltimore

20. FILED: July 9, 1939 J. J. Miller Pres. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 7 (Month) (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1939, to July 7, 1939

I last saw her alive on July 7, 1939; death is said to have occurred on the date stated above, at 3 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Sarcoma of ovary Right.	May 11/39
Metastases to liver & spleen	
Other Contributory Causes of importance:	
Cardiac Asthenia	2 da

Name of operation: Removal of ovary Date of: May 8/39

What test confirmed diagnosis? Clinical. Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. M. Townsend M. D.

(Address) 806 N. Fremont Ave.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The **principal cause of death** and related causes of importance were as follows:	Date of onset	The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED U. S. JUL 11 1928 BUREAU

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (42) Reg. Dist. No. 35

06742

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Baltimore Rural.
(b) City or town Freeland, Md. R.D.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Freeland Md. R.D.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Freeland, Md. Rural.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Laura Gertrude Bollinger.

3 (b) If veteran, name war —

3 (c) Social Security No. 204-01-2405.

4. Sex Female. 5. Color or race White. 6 (a) Single, married, widowed, or divorced Married.

6 (b) Name of husband or wife Marion Bollinger

6. (c) If alive, give age 24 years

7. Birth date of deceased (mo., day, yr.) November 30, 1910.

8. AGE: Years 28 | Months 7 | Days 3. | If less than one day ____hr. ____min.

9. Birthplace Washington Co., Virginia.
(Town, county, and state)

10. Usual occupation Housekeeper.

11. Industry or business

FATHER 12. Name Davis McCartha.
13. Birthplace Virginia.

MOTHER 14. Maiden Name Clara McConnell.
15. Birthplace Virginia.

16 (a) Informant Maribur Bollinger.
(b) Address Freeland, Md. R.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5 1939. (month) (day) (year)
(c) Cemetery or crematory Middletown.
Location Freeland, Md. R.D.

18 (a) Funeral director R. N. Graber
(b) Address Freeland, Md.

19 (a) July 11 1939 (Date rec'd by registrar) (b) Samuel S. Miller Registrar Dep.

MEDICAL CERTIFICATION

20. Date of death July 3, 1939, at 7:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1939 to July 3 1939 and that I last saw him alive on July 3 1939

Immediate cause of death Carcinomatosis

Duration June 12 to July 3, 39

Due to Carcinoma of Uterus & Adnexa.

Due to Carcinoma Ovaries & Uterus & Mesentery

Duration April 1939

Other conditions Chr. Nephritis Chr. Myocarditis

(Include pregnancy within 3 months of death)

Major findings:

Of operation Carcinoma Ovaries & Uterus Myo. Path. Incised & Drained

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Cole Bowers M. D. or other

Address New Freedom, Pa. Date signed July 3 1939

RECEIVED
AUG 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06743

Reg. Dist. No. 55

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Baltimore

City or town Rural - Middletown, Bad Freeland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Rural - Middletown Ward No. Freeland

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Martha V Bowen

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife George H Bowen

6(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Sept 25 - 1872

8. AGE:

Years	Months	Days	If less than one day
66	9	23	____hrs. ____min.

9. Birthplace Balto Co Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name John W Bull

13. Birthplace Maryland

MOTHER

14. Maiden name Martha Wisner

15. Birthplace Maryland

16. Informant Hilda Bowen

Address Freelands, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 21/39 (month) (day) (year)

Cemetery or crematory Beckleysville

Location Beckleysville Md

18. Funeral director Edward S Tipton

Address Hampstead Md

19. July 18 1939 (Date rec'd by registrar) Samuel S. Wade Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1939, at 3 30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 1938, to July 18 1939, and that I last saw h-- alive on July 18, 1939.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. W. France M. D. or other

Address Parkton, Md, Date signed July 18, 1939

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131) Reg. Dist. No. 31

CERTIFICATE OF DEATH

06744

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town near Granite
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 10-

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town near Granite
(If outside city or town limits, write RURAL and give town)
(d) Street No. Old Court Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Christian Buehler

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Lula Belle Buehler
6. (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Jan 1 1880

8. AGE: Years 59 | Months 5- | Days | If less than one day ____hr. ____min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual occupation Inspector

11. Industry or business Structural Steel

FATHER
12. Name Andrew Buehler
13. Birthplace Bavaria

MOTHER
14. Maiden Name Marie Huether
15. Birthplace Germany

16 (a) Informant Mrs Christian Buehler
(b) Address Granite Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5- 1939 (month) (day) (year)
(c) Cemetery or crematory Jerusalem
Location Bel Air Road

18 (a) Funeral director Wm Cook
(b) Address St Paul & Preston Sts Balto Md

19 (a) July 2 1939 (Date rec'd by registrar) (b) Wm E Martin Registrar

MEDICAL CERTIFICATION

20. Date of death July 1 1939, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1938, to July 1 1939, and that I last saw him alive on July 1 1939.

Immediate cause of death	Duration
Coronary Thrombosis	1 yr
Due to Arteriosclerosis	5
Due to Arterial Hypertension	0
Other conditions Chr Nephritis	4 mo

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm E. Martin M. D. or other
Address Randallstown Date signed 7/1/39

VS. A15 (1) PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. (M) MARGIN RESERVED FOR BINDING

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BUREAU M. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06745

(94a)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 4-1

Village or City Hebbville No. Near Hunsor Mill Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lewis Buppert If U. S. Veteran, specify WAR

(a) Residence: No. Hunsor Mill Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret J. Buppert

6. DATE OF BIRTH (month, day, and year) March 21 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) July 1939

11. Total time (years) spent in this occupation 60+?

12. BIRTHPLACE (city or town) Hebbville, Balto Co. (State or country) Maryland

FATHER

13. NAME John Buppert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Martha A. Kesh

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dwight Buppert (Address) Hebbville, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cem Date July 25, 1939

19. UNDERTAKER H. Lamm & Son (Address) 1003 W. Baltimore Street

20. FILED July 25, 1939 J. J. McMahon Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 22 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1939, to July 22, 1939

I last saw her alive on January 2, 1939; death is said to have occurred on the date stated above, at 5 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Jan 1939
Other Contributory Causes of importance: Arteriosclerosis	1936

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A. C. Emmert M. D.

(Address) 4209 Gelston Ave Balto Md

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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AUG 8 1939
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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06746

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 348

1. PLACE OF DEATH:

County: Baltimore

City or town: Towson (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Presbyterian Home of Md.

Stay in hospital or inst. (yrs., or mos., or days): 2 years 1 month

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County:

City or town: Balto. Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 3937 Edmondson ave. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Julia E. Campbell

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Single

B (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 13 - 1852

8. AGE: Years 87 | Months 4 | Days 21 | If less than one day: hrs. min.

9. Birthplace: Va. (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business:

FATHER
12. Name: David Campbell
13. Birthplace: England

MOTHER
14. Maiden name: Sarah E
15. Birthplace: Scotland

16. Informant: Twilah E. Elliott (Supt)

Address: Presbyterian Home

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 6, 1939 (month) (day) (year)

Cemetery or crematory: St. Pauls

Location: Alexandria, Va.

18. Funeral director: John O. Mitchell & Sons Inc.

Address: Eutaw Place - Baltimore

19. July 5 1939 (Date rec'd by registrar) W. Darrell Taxthorn Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 4, 1939, at 11.30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 3rd 1939, to July 4th 1939, and that I last saw her alive on July 3rd 1939.

Immediate cause of death: Cerebral hemorrhage — DURATION: 3 days

Due to: Cerebral arteriosclerosis — 10 years

Due to:

Other conditions: Senility, Senile dementia (Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: None

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: A. S. Chalfant, M.D. M. D. or other

Address: 6210 York Road Date signed: July 5, 1939

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 8 [illegible]
[illegible] V. S.

RECEIVED
JUL 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23)

Reg. Dist. No. 35

06747

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Balto.
(b) City or town Rock Raven
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 18 mos

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Balto Co.
(c) City or town Rock Raven
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** George Bernard Canady

3 (b) If veteran, name war: —

3 (c) Social Security No. 225-03-0606

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 24th 1915

8. **AGE:** Years 23 | Months 7 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace Newport News Va
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name George Canady
13. Birthplace Va.

MOTHER
14. Maiden Name Rosia Canady
15. Birthplace Va.

16 (a) Informant Dorothy Laura Trenchy
(b) Address Rock Raven Balto Co. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-1939 (month) (day) (year)
(c) Cemetery or crematory
Location Old Point Va.

18 (a) Funeral director Bryson Thomas E. Knight
(b) Address 1215 Mc Culloh St. Baltimore Md

19 (a) July 2 1939 (Date rec'd by registrar) (b) W. Lowell Warthen Deputy Clerk Registrar

MEDICAL CERTIFICATION

20. Date of death July 2 1939, at 6 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1939, to July 1939, and that I last saw him alive on July 1 1939.

Immediate cause of death: Pulmonary Tuberculosis — Duration 2 mos

Due to: —

Due to: —

Other conditions: —
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature William G. Polk M.D.
(M. D. or other)
Address Towson, Md Date signed 7-2-39

VS. A15 PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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AUG 4 1939
BUREAU V. S.

06748

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. Architect Sylvan ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 3 ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Edward Carolan Maple Grove Convalescent Nursing Home Inc.

(a) Residence: No. 804 Primison ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Carolan

6. DATE OF BIRTH (month, day, and year): June 11, don't know year

7. AGE: about 69 Years; Months 1; Days 12; If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Balto City Water Department

10. Date deceased last worked at this occupation (month and year): don't know

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): don't know

FATHER

13. NAME: Thomas E. Carolan

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Ellen Hanley

16. BIRTHPLACE (city or town) (State or country): don't know

17. INFORMANT (Address): Margaret Guthlein 643 Bartlett ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Burial new Bethedal Date: 7/26, 1939

19. UNDERTAKER (Address): William Cook Balto Md

20. FILED: 7/24, 1939 G. C. Anderson Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 23 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___

I last saw h___ alive on ___, 19___; death is said to have occurred on the date stated above, at about 10 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cardio vascular	
renal disease	

Other Contributory Causes of importance:

Sudden death

Name of operation ___ Date of ___

Whet test confirmed diagnosis? Inquiry Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ___ (Signed) Geo. W. Kieffer Deputy Med. Examiner M.D.

(Address) 1010 Leeds ave Balto

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

(I) MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (50)

Reg. Dist. No. 06749

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Balto.

(b) City or town Glyndon (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 11 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Glyndon (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Etta Ruth Chew Chaney

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Enoch C. Chaney

6. (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1898

8. **AGE:** Years 40 | Months 10 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Carroll Co. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Grant Chew

13. Birthplace Carroll Co.

MOTHER

14. Maiden Name Mattie Brown

15. Birthplace Balto. Co.

16 (a) Informant Enoch C. Chaney

(b) Address Glyndon

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27, 1939 (month) (day) (year)

(c) Cemetery or crematory Asbury M.E.

Location Reisterstown

18 (a) Funeral director J. F. Eline & Sons

(b) Address Reisterstown, Md.

19 (a) July 26, 1939 (Date rec'd by registrar) (b) J. F. Miller Registrar

MEDICAL CERTIFICATION

20. Date of death July 25th 1934, at 8:30 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1st 1934, to July 20th 1934, and that I last saw him alive on July 2nd 1934.

Immediate cause of death Cardiac Arrest

Duration 14 hrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide no

(b) Date of occurrence April 1st

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. Frank Miller M. D. or other

Address Reisterstown Date signed July 26th

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1939
BUREAU V. S.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (210-m)

Registered No. 92

06750

1. PLACE OF DEATH:
(a) ~~Baltimore City,~~ Maryland, Pikesville
(b) Street address Mount Wilson Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) none
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Pikesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 30 Orchard Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William Harrison Cooke, Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M.

5. Color or race Wh

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 2 - 1918

8. AGE: Years 20 Months 11 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation metal worker

11. Industry or business sheet metal work

FATHER
12. Name William Harrison Cooke
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Carrie Hoenlein
15. Birthplace Balto. Md

16 (a) Informant Ethelyn Fisher
(b) Address 30 Orchard Rd. Pikesville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/39 (month) (day) (year)
(c) Cemetery or crematory Balto. Md
Location North Ave.

18 (a) Funeral director Frank H. Newell
(b) Address Pikesville, Md.

19 (a) August 1, 1939 (Date rec'd by registrar) (b) E. C. Nichols Registrar

MEDICAL CERTIFICATION about 7 30 P.

20. DATE OF DEATH 7/30/39 19..., at ..... M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fractured skull

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7/30/39
(c) Where did injury occur? Mount Wilson Lane Pikesville (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work?
(e) Means of injury Autocar - blowout - turned over

23. Signature Wm B. Van de Grift M.D.
Medical Examiner.

Date signed 7/31/39.

THE MORGUE

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 31

CERTIFICATE OF DEATH

(50)

06751

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Granite, Md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) 60 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Granite
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hernwood Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Vilmina Weller Coy.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, ~~married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband or wife: Roland M. Coy

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 1, 1874

8. **AGE:** Years 65 | Months 4 | Days 29 | If less than one day ____ hr. ____ min.

9. Birthplace: Granite (Town, county, and state)

10. Usual occupation: Retired School Teacher

11. Industry or business:

FATHER
12. Name: William F. Weller
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Vilmina Berryman
15. Birthplace: Reisterstown, Md.

16 (a) Informant: Laura Weller
(b) Address: Granite, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24, 1939 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Reisterstown Road, Pikesville

18 (a) Funeral director: William Berryman & Sons
(b) Address: Reisterstown, Md.

19 (a) July 23 1939 (Date rec'd by registrar) (b) Wm E Martin Registrar

MEDICAL CERTIFICATION

20. Date of death July 21 1939, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1939, to July 21 1939, and that I last saw him alive on July 21 1939.

Immediate cause of death	Duration
Carcinoma of Breast	unknown
Due to	
Due to	
Other conditions Metastasis to Stomach & Liver (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. E. Martin M. D. or other
Address Randallstown Date signed 7/28/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUL 29 1930
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131) Reg. Dist. No. 32

CERTIFICATE OF DEATH

06752

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) County Balto.
(b) City or town Glyndon (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 30 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Glyndon (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Harvey Nelson Crouse

3 (b) If veteran, name war: None

3 (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary J. Crouse

6. (c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): Mar. 17, 1870

8. AGE: Years: 69 | Months: 4 | Days: 14 | If less than one day: ____ hr. ____ min.

9. Birthplace: Penna. (Town, county, and state)

10. Usual occupation: Clerk clothing store

11. Industry or business: Retired

FATHER
12. Name: Isaac R. Crouse
13. Birthplace: Penna

MOTHER
14. Maiden Name: Elizabeth Boggs
15. Birthplace: Penna.

16 (a) Informant: Mrs. Mary J. Crouse
(b) Address: Glyndon, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 1, 1939 (month) (day) (year)
(c) Cemetery or crematory: Asbury M.E.
Location: Reisterstown

18 (a) Funeral director: J. F. Eline & Sons
(b) Address: Reisterstown, Md.

19 (a) ____ (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death: July 30 1939, at 8 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1938, to July 30 1939, and that I last saw him alive on July 27 1939.

Immediate cause of death	Duration
Auricular Fibrillation	1 yr.
Due to Arterio Sclerosis	5 yrs.
Hypertensive C-V. Disease	8 yrs.
Due to Chr. Glomerular Nephritis	8 "
Other conditions: Cholelithiasis	3 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: No
(b) Date of occurrence: ____
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No. (Specify type of place) While at work? ____
(e) Means of injury: ____

23. Signature: D. D. Caples, M. D. (M. D. or other)
Address: Reisterstown Date signed 7-31-'39

RECEIVED
AUG 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C)

Reg. Dist. No. 40

CERTIFICATE OF DEATH

06753

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Carney (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Harford Road
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 66 years

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Carney (If outside city or town limits, write RURAL and give town)
(d) Street No. Harford Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: George B. Davis

3 (b) If veteran, name war:

3 (c) Social Security No.:

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Amelia Davis

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug. 2, 1858

8. AGE: Years 80 | Months 11 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace Boston, Mass. (Town, county, and state)

10. Usual occupation Florist

11. Industry or business

FATHER
12. Name Ambrose Davis
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Amelia Davis
(b) Address Harford Road, Carney, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18, 1939 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Edmondson Ave.

18 (a) Funeral director J. Pascault & Son
(b) Address 7401 Belair Road

19 (a) 7/17/39 (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death July 16th 1939, at 7:40A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1939, to July 16 1939 and that I last saw him alive on June 26 1939.

Immediate cause of death: Acute Cardiac Dilatation — Duration: July 16/39

Due to: ____

Due to: Chronic Myocarditis — a number of years.

Other conditions: ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature Morris B. Green MD (M. D. or other)
Address 3009 Eastern Ave Date signed July 17/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
SEP 4 1939
BUREAU V. S.

06754

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(95-6)

Reg. Dist. No. 44

1. PLACE OF DEATH:
County Baltimore
City or town Middle River, Essex
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto
City or town Richard Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Earnest Walton Deitz

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: Name
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Oct. 22 - 1915

8. AGE: Years 23 | Months 8 | Days 11 | If less than one day ____ hrs. ____ min.

9. Birthplace: Balto. Co. Md.
(Town, county, and state)
10. Usual occupation: Truck driver
11. Industry or business

FATHER
12. Name: Jackson L. Deitz
13. Birthplace: Md.

MOTHER
14. Maiden name: Florence Walton
15. Birthplace: Md.

16. Informant: Jackson L. Deitz
Address: Hyde Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 5-1939 (month) (day) (year)
Cemetery or crematory: St. Johns Cem
Location: Kingsville Md.

18. Funeral director: Clarence E. Arthur
Address: Fork Md.

19. July 4 1939 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3rd 1939, at 7-30 A.M.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ____ 19__, to ____ 19__, ~~and that I last saw h____ alive, on~~ ____ 19__.

Immediate cause of death: Heart disease was not seen by any Dr before death.
Due to: Dr Harry Wall saw him just after he died
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: W. T. O. Nyse Dept P.M. Ex. M. D. or other
Address: Pikesville Md Date signed 7-3-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUL 8 1936
BUREAU W. B.

06755

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(23)

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, ~~hospital, or institution~~: Rolling Road.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 8 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Catonsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Rolling Road.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Salvatore Herbert Dimarco

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Aug 20 1913

8. AGE: Years: 25 Months: 11 Days: 1 If less than one day ____ hrs. ____ min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: Student.

11. Industry or business

FATHER 12. Name: Anthony Dimarco

13. Birthplace: Baltimore, Md.

MOTHER 14. Maiden name: Rosina Miciche

15. Birthplace: Italy.

16. Informant: Sd. Tumminello.

Address: Medical Arts Bldg.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 25 - 39 (month) (day) (year)

Cemetery or crematory: New Cathedral

Location: Baltimore, Md.

18. Funeral director: William Cook

Address: 1217 St Paul St

19. 7/21 1939 (Date rec'd by registrar) H C Andrews Registrar Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 21 1939, at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 17 1938, to July 21 1939, and that I last saw him alive on July 21 1939.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 8 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Sd. Tumminello M. D. ~~or other~~

Address: Medical Arts Bldg. Date signed: 7/21/39

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(34)

06756

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Essex
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Maryland Ave.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Balto.
City or town: Essex Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Maryland Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Elizabeth Downs

3. (b) Social Security Number:

4. Sex: F
5. Color or race: W.
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Marion Downs
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Sept. 20 - 1892
8. AGE: Years: 46 Months: 9 Days: 11 If less than one day: hrs. min.
9. Birthplace: Balto., Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Charles Krenger
13. Birthplace: Germany
MOTHER 14. Maiden name: Suzanna Katz
15. Birthplace: Germany
16. Informant: Mr. Marion Downs
Address: Maryland Ave., Essex Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/3/39 (month) (day) (year)
Cemetery or crematory: Moreland Memorial Park
Location: Taylor Ave.
18. Funeral director: John G. Connelly
Address: Essex Md.
19. 7/3 (Date rec'd by registrar) 1939 John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 1 1939, at 12 STD AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1938 to July 1 1939, and that I last saw her alive on June 30 1939.

Immediate cause of death	DURATION
Cerebral hemorrhage	2 hrs
Due to Hypertension	
Due to	
Other conditions Syphilis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: George A. Davis M.D.
M. D. or other
Address: Essex, Md. Date signed 7/2/39

RECEIVED
JUL 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (48) Reg. Dist. No. 43

06757

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Raspeburg (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 26 Glenmore Ave

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 29 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Raspeburg (If outside city or town limits, write RURAL and give town)

(d) Street No. 26 Glenmore Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sophia W. Feehley

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Bernard J. Feehley

6. (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) July 28, 1891

8. AGE: Years 47 Months 11 Days 7 If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER

12. Name William Marshall

13. Birthplace Baltimore, Md.

MOTHER

14. Maiden Name Frances Parley,

15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Bernard J. Feehley

(b) Address 26 Glenmore Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8, 1939 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Taylor Ave.

18 (a) Funeral director F. Lassahn & Son

(b) Address 7401 Belair Road

19 (a) 7/6/39 (Date rec'd by registrar) (b) S. A. Fritz Registrar

MEDICAL CERTIFICATION

20. Date of death July 5th, 1939, at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1937, to July 5 1939, and that I last saw him alive on July 3, 1939

Immediate cause of death Carcinoma cervix of uterus Duration Unknown

General metastasis

Due to

Due to

Other conditions Pure hysterectomy

1. Bilateral [illegible] (Include pregnancy within 3 months of death)

2. Rt nephrectomy

Major findings:

Of operations Carcinoma of cervix

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Albert P. Sikorsky M.D. M. D. or other

Address 2939 McCollough Date signed 7/6/39

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (3) Reg. Dist. No. 33

06758

CERTIFICATE OF DEATH

1. PLACE OF DEATH
(a) County Baltimore
(b) City or town Parkton
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) none
(e) Length of stay in this community (yrs., mos., or days) same

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Parkton
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Baby Boy Fielder

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	wh	—

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Stillborn

8. AGE: Years	Months	Days	If less than one day
0	0	0	0 hr. 0 min.

9. Birthplace Parkton, Md
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Blayne Fielder
13. Birthplace Va.

MOTHER
14. Maiden Name Ossie Wingler
15. Birthplace Va.

16 (a) Informant Blayne Fielder
(b) Address Parkton, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5 39 (month) (day) (year)
(c) Cemetery or crematory Cedar Absture
Location Hanford Road

18 (a) Funeral director Barton
(b) Address Parkton Md

19 (a) July 5 39 (Date rec'd by registrar) (b) M. Bortuntz D. Registrar

MEDICAL CERTIFICATION

20. Date of death July 4 1939, at ____ M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on ____ 19__.

Immediate cause of death	Duration
Stillborn	
Due to Intrauterine asphyxia	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. M. France (M. D. or other)
Address Parkton Md Date signed July 5/1939

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1939
BUREAU V. S.

06759

HEALTH DEPARTMENT—CITY OF BALTIMORE

STILL BIRTH No.

CERTIFICATE OF DEATH

8 309

1. PLACE OF DEATH

Registered No.

~~CITY OF~~ BALTIMORE: (No. Co. [redacted] St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Abortion Foard

If U. S. Veteran specify WAR

(a) Residence: No. Hyde. Balto County Maryland - St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Abortion

4. Color or Race white

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years Months Days Abortion

If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John B. Foard

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ruth Coggins

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mother.

18. BURIAL, CREMATION, OR REMOVAL

Place Laboratory Carnegie Date 19

19. UNDERTAKER (Address) Laboratory of Embryology.

20. FILED Huntington Williams, M.D. Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Spontaneous Complete abortion at 2 months

Other contributory causes of importance:

Cause not known.

Not induced. Diagnosis.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John G. Murray Jr. M. D.

(Address) 9 E Chase Street.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

VS 3

JUL 25 1939

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

M. D. B. 1268-9

06760

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(183)

Reg. Dist. No. 41

1. PLACE OF DEATH:
County Balto
City or town Dundalk
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County
City or town Baltimore City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 713 S. Rose St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR NO

3. (a) FULL NAME Harry Herman Frawley

3. (b) Social Security Number NONE

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced SINGLE

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 30 1921

8. AGE: Years 17 Months 6 Days 7 If less than one day hrs. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual occupation NONE

11. Industry or business SCHOOL BOY

FATHER
12. Name JAMES FRAWLEY
13. Birthplace BALTO.MD.

MOTHER
14. Maiden name ANNA SHELTON
15. Birthplace BALTO.MD.

16. Informant JAMES FRAWLEY FATHER
Address 713 SOUTH ROSE ST.

17. BURIAL
(Burial, cremation, or removal. Which?)
Date thereof July 11, 1939 (month) (day) (year)
Cemetery or crematory MT.CARMEL CEM.
Location 5712 O'DONNELL ST.

18. Funeral director Lilly & Zeiler Inc.
Address 403 SOUTH WOLFE ST.

19. 7/8 1939 (Date rec'd by registrar) Milton W. Brunelson Deputy Registrar Local

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6th 1939, at 12-30 P.M.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 , to 19 ,
and that I last saw h alive on 19 .

Immediate cause of death Accidental drowning
said to have been taken with cramps while swimming in
Due to Bear Creek
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, ~~suicide, or homicide~~ Date of 7-6-39
Where did injury occur? Bear Creek (City or town) Balto (County) Md (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. P. E. Myer Dept P M Tex M. D. or other
Address Tuscarora Md Date signed 7-6-39
W. M. Carmine, Reg.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 18 1939
BUREAU V. S.

613

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(213-d)

06761

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
County Balto
City or town Island View Beach Essex Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, ~~hospital, or institution.~~
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto
City or town Ward No.
(If outside city or town limits, write ~~RURAL~~ NEAR and give town)
Street No. 803 S. Milton Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Francis Gielner

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 14 - 1928

8. AGE: Years 11 10 | Months 7 | Days 2 | If less than one day hrs. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Frank Paul Gielner
13. Birthplace Balto Md

MOTHER
14. Maiden name Eve M. Budzynski
15. Birthplace Balto Md.

16. Informant Frank Paul Gielner
Address 803 S. Milton Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 20 1939 (month) (day) (year)
Cemetery or crematory St. Stanislaus
Location Highlandtown

18. Funeral director Stephen J. Fialkowski Inc
Address 1000 S. Kenwood Ave

19. July 17 1939 (Date rec'd by registrar) John E. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16th 1939, at about 2 oc PM

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased~~ from 19, to 19,
and that I last saw h alive on 19.

Immediate cause of death Accidental drowning.

Due to falling out of a boat

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No Autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, ~~suicide, or homicide~~ Accident Date of 7-16-39
Where did injury occur? Island View Beach Balt Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Accidental drowning Injured at work? No

23. SIGNATURE W. P. F. Nyse Dep P.M. Texas
M. D. or other
Address Pleasview Md Date signed 7-16-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Form filed under Wyse giving the correct name of deceased. 1014/39

RECEIVED
JUL 19 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95-L) Reg. Dist. No. 34

06762

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Arcadia - Upperco P.O.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 69 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Arcadia
(If outside city or town limits, write RURAL and give town)
(d) Street No. Upperco P.O.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Sadie F Gill

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband ~~or wife~~ LeRoy Gill

6. (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Dec. 20 - 1872

8. AGE: Years 66 | Months 6 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace Balto Co Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business "

FATHER 12. Name Hanson Abbott
13. Birthplace Md

MOTHER 14. Maiden Name Martha Slater
15. Birthplace Carroll Co Md.

16 (a) Informant LeRoy Gill
(b) Address Upperco, Md.

17 (a) _____ (Burial, cremation, or removal) (b) Date thereof July 12 1939 (month) (day) (year)
(c) Cemetery or crematory St. Pauls
Location Arcadia - Upperco P.O.

18 (a) Funeral director Edw. C. Tipton
(b) Address Hampstead, Md.

19 (a) July 10 1939 (Date rec'd by registrar) (b) C. E. Fowble M.D. Local Registrar

MEDICAL CERTIFICATION

20. Date of death July 10th 1939, at 6:10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5th 1939, to July 10th 1939, and that I last saw him alive on July 10 1939.

	Duration
Immediate cause of death Cerebral Hemorrhage	
with hemiplegia,	
Due to Arterio Sclerosis, Cardiac Asthma,	
and Ascites	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Cyril E. Fowble M.D.
M. D. or other
Address Upperco, Md. Date signed July 10-39.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 3 1933
BUREAU V. S.

06763

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(83)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 11 months, 23 days

Stay in this community (yrs., or mos., or days) about 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore City

City or town Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3215 McElderry Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME WILLIAM C. GLEIE

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or~~ wife Elizabeth Martin Gleie

6(c) If alive, give age 56 (approximately) years

7. Birth date of deceased (mo., day, yr.) unknown - 1880

8. AGE: Years 59 | Months ? | Days ? | If less than one day ___ hrs. ___ min.

9. Birthplace Baltimore City (Town, county, and state)

10. Usual occupation Cook

11. Industry or business Restaurant

FATHER

12. Name Charles Gleie

13. Birthplace Germany

MOTHER

14. Maiden name Elizabeth Katz

15. Birthplace Germany

16. Informant wife; hospital records

Address 3215 McElderry St. Baltimore

17. Burial (Burial, cremation, or removal, Which?) Date thereof 7/26 1937 (month) (day) (year)

Cemetery or crematory Balto

Location North ave

18. Funeral director W M Cook

Address 1317 St Paul St

19. 7/24 1939 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 23 1939, at 8 45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JULY 26 1938, to JULY 23 1939, and that I last saw him alive on JULY 23 1939.

Immediate cause of death: Cerebral Hemorrhage — DURATION: 7 days

Due to General Paresis — before 1938

Due to Alcoholism — before 1920

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Cerebral Hemorrhage

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Serge Androp M. D. or other

Address Catonsville Date signed 7/23.39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 26 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06764

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (48)

County Baltimore — Registration Dist. No. 30

Village or City Catonsville — No. 625 Orpington Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Nellye M.Graber, — If U. S. Veteran, specify WAR

(a) Residence: No. 625 Orpington Road St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Bernard S.Graber,

6. DATE OF BIRTH (month, day, and year): July 9.1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	-	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore City Md.

FATHER

13. NAME: William Gardner.

14. BIRTHPLACE (city or town) (State or country): Carroll Co.Md.

MOTHER

15. MAIDEN NAME: Fannie Shipley.

16. BIRTHPLACE (city or town) (State or country): Carroll Co.Md.

17. INFORMANT: Bernard S.Graber,

(Address): 625 Orpington Road

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Date: JUL 15 1939

19. UNDERTAKER: Robert S. Siddall

(Address): 2700 Edmondson Ave.

20. FILED 7/14, 19 39 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH JUL 13 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1938, to May 13, 1939

I last saw h alive on May 12, 1939; death is said to have occurred on the date stated above, at 3:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	1936
Other Contributory Causes of importance:	

Name of operation D & C — Date of 1937

What test confirmed diagnosis? Signs — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) William S. Triplett M. D.

(Address) 1326 W. Lombard St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 2 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06765

Reg. Dist. No. 32

1. PLACE OF DEATH:
County: Baltimore
City or town: Pikesville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Pikesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Mary Ellen Gray

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

B (b) Name of husband or wife: John E. Gray
6(c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): July 13, 1877

8. AGE: Years: 67 Months: Days: 15 If less than one day: hrs. min.

9. Birthplace: Detroit, Michigan
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: Victor Moreau
13. Birthplace: Canada

MOTHER
14. Maiden name: Mary Courtney
15. Birthplace: Michigan

16. Informant: Mrs. Eleanor Adams
Address: Pikesville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 21 1939 (month) (day) (year)
Cemetery or crematory: Druid Ridge Cemetary
Location: Pikesville, Md.

18. Funeral director: Frank H. Newall
Address: Pikesville, Md.

19. July 29th 1939 (Date rec'd by registrar) E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 28th 1939, at 12 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 30th 1939, to July 28th 1939, and that I last saw her alive on July 28th 1939.

Immediate cause of death	DURATION
Cerebral Hemorrhage	29 days
Due to	
Arterio Sclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: E E Nichols M. D. or other
Address: Pikesville, Md. Date signed 7/29/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 3 1936
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 34

CERTIFICATE OF DEATH

(93-C)

06766

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Butler (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 21 Years

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Butler (If outside city or town limits, write RURAL and give town)

(d) Street No. — (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Thomas Franklin Gray

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Ida Rebecca Brinker

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 8 1853

8. AGE: Years 86 Months 3 Days 8 If less than one day hr. — min.

9. Birthplace Nelson County, Virginia (Town, county, and state)

10. Usual occupation Miller

11. Industry or business Flour & Feed Mills

FATHER 12. Name Thos. Gray

13. Birthplace Virginia

MOTHER 14. Maiden Name Hester Small

15. Birthplace Virginia

16 (a) Informant Oscar Gray

(b) Address Butler, Balto Co. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15 1939 (month) (day) (year)

(c) Cemetery or crematory Black Rock

Location Butler, Balto Co. Md

18 (a) Funeral director Louis M. Brooks

(b) Address Sparks Maryland

19 (a) July 17 (Date rec'd by registrar) (b) Eugene F Alban Dept Loc Registrar

MEDICAL CERTIFICATION

20. Date of death July 16 1939, at 6:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/5/1939 to 7/16/1939, and that I last saw him alive on 7/16/1939.

Immediate cause of death Myocarditis - chronic

Due to hypotension

Due to arteriosclerosis

Other conditions Senile

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?

(e) Means of injury ✓

23. Signature James G. Saffell M. D. or other

Address Reisterstown, Md Date signed 7/16/39

VS. A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 3 1939
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (97) Reg. Dist. No. 40 06767

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH

(a) County Anarum Md

(b) City or town Cobb Co Ms (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Sumner (b) County Rim Bath Co Md

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME William H Hale

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed~~, or divorced.
M	Col	Married

6 (b) Name of husband or wife Margaret Hale

6. (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) March 10

8. AGE: Years	Months	Days	If less than one day
65 1874	4	20	____ hr. ____ min.

9. Birthplace Va (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Sandie Hale

13. Birthplace Va

MOTHER 14. Maiden Name Susie ?

15. Birthplace Va

16 (a) Informant Margaret Hale

(b) Address Anarum Md

17 (a) Cemetery (Burial, cremation, or removal) (b) Date thereof Aug 2-39 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location A R Rt 1

18 (a) Funeral director Robert E Williams

(b) Address 15 15 Mc Elderry

19 (a) July 30 1939 (Date rec'd by registrar) (b) Clarence Latham Registrar

MEDICAL CERTIFICATION

20. Date of death July 30 1939, at 5 04 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1939, to July 30 1939, and that I last saw him alive on July 30 1939.

Immediate cause of death	Duration
Congestive Heart Failure	7 days
Due to Arteriosclerosis	5 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Clifford F. Hudson M. D. or other

Address Folk, Md Date signed 7-30-39

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AUG 3 1939
BUREAU V. S.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 37

06768

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Cockeysville Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Masonic Homes of Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs. 1 month

(e) Length of stay in this community (yrs., mos., or days) 5 days same

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 723 N. Milton Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Millville A Hall

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) ~~Single~~, ~~married~~, widowed, ~~or divorced~~.

6 (b) Name of ~~husband~~ or ~~wife~~ Martha Williamson Hall

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Nov. 9 - 1852

8. AGE: Years 86 Months 9 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Gorenstown Md. (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER

12. Name William Hall

13. Birthplace Baltimore Md.

MOTHER

14. Maiden Name Margaret Allison

15. Birthplace York Pa

16 (a) Informant Laura M. Schroeder R.N.

(b) Address Masonic Home

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15 1939 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location

18 (a) Funeral director Geo. L. Beyer

(b) Address 1512 Hollins St

19 (a) July 14-39 (Date rec'd by registrar) (b) Laura M. Schroeder Dept. Registrar

Wilmer C. Ensor, M.D., Registrar.

MEDICAL CERTIFICATION

20. Date of death July 13 1939 at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1939, to July 12 1939, and that I last saw him alive on July 12 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Arterior Cirrhosis	1937
Due to	
Other conditions Chronic Interstitial Nephritis	1937

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wilbur F. Spillman M. D. or other

Address 6 E. Biddle St Date signed July 13/39

RECEIVED
AUG 3 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06769

1. PLACE OF DEATH (47-B)

County Baltimore Registration Dist. No. 38

Village or City Lutherville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. if of foreign birth? — yrs. — mos. ds.

2. FULL NAME Anna Brooks Crawford Hambleton If U. S. Veteran, specify WAR —

(a) Residence: No. Lutherville Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Sherwood Hambleton

6. DATE OF BIRTH (month, day, and year) Aug 20 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germantown Pa

FATHER

13. NAME William H Crawford

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Anne Brooks

16. BIRTHPLACE (city or town) (State or country) Germantown Pa

17. INFORMANT (Address) Mr Jack Symington Lutherville Ma

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date July 16, 1939

19. UNDERTAKER (Address) Henry N. Jenkins & Sons Co. McCulloch & Orchard Sts

20. FILED July 15, 1939 D. Donald Van Stom Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 14th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 6th, 1939, to July 14th, 1939

I last saw her alive on July 14th, 1939; death is said to have occurred on the date stated above, at 10 15 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of the Lung.	Apr 6th 1939

Other Contributory Causes of Importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical & X ray Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? —

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) Jm M. Dabney M. D.

(Address) Ruxton, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED AUG 4 1939 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

06770

(131)

1. PLACE OF DEATH

County Balto. County — Registration Dist. No. 20

Village or City Catonsville — No. Beechwood Manor St. Farm Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Michale Hammond — If U. S. Veteran, specify WAR ____

(a) Residence: No. 14 N Front St St., Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 7, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	74	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Carmen

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) July 27, 1929 — 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Balto. (State or country)

FATHER

13. NAME Jacob Hammond

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Catherine Muller

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Margaret Burns (Address)

18. BURIAL, CREMATION, OR REMOVAL — Place Western Cem. — Date 7/29, 1939

19. UNDERTAKER Durand A. Covington (Address) 21 W. 25th St Balto.

20. FILED 7/29, 1939 — H. C. Lindsey, Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 7 (Month) 26 (Day) 39 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 7-13, 1939, to 7-26, 1939

I last saw h[im] alive on 7-26, 1939; death is said to have occurred on the data stated above, at 11 m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal Disease	1935
Other **Contributory Causes** of importance: Hypertension	1925

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was dua to external causes (VIOLENCE) fill in also tha following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) George C. Myers M. D.

(Address) 902 Frederick Rd. Catonsville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 2 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 37

CERTIFICATE OF DEATH

06771

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Lescas (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 50 Years

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Lescas (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Hannah Jane Harding

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Ephriam M. Harding

6. (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) July 31, 1875

8. AGE: Years 63 | Months 11 | Days 15 | If less than one day — hr. — min.

9. Birthplace Harford Co. Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —

MOTHER / FATHER

12. Name William Hitchcock

13. Birthplace Harford Co. Md.

14. Maiden Name Sarah Harmon

15. Birthplace Harford Co. Md.

16 (a) Informant Clement Walker

(b) Address Lescas, Balto Co. Md

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 7-19-1939 (month) (day) (year)

(c) Cemetery or crematory Archland Burial Cem.

Location Archland, Balto Co. Md

18 (a) Funeral director Landon M. Brooks

(b) Address Sparks, Maryland

19 (a) July 17 (Date rec'd by registrar) (b) Wm. J. Whitcomb Dept Local Registrar

MEDICAL CERTIFICATION

20. Date of death July 15 1939, at 7:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1939, to July 15 1939, and that I last saw him alive on July 13 1939.

	Duration
Immediate cause of death Acute Cardiac Failure	2 weeks
Due to Hypertensive Cardio-Vascular Renal	20 years.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George Schenbeck M.D (M. D. or other)

Address Cockeysville, Md. Date signed 7/16/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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AUG 3 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06772

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

(131)

County Baltimore Registration Dist. No. 30

Village or City Catons. No. Maple Grove Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town whera daath occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Kate Hartley

If U. S. Veteran, specify WAR

(a) Residence: No. Maple Grove Home St. Ward.

(Usual place of abode) 4138 Roland Ave. Balto Md

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and yaar) 1863

7. AGE Years	Months	Days	If LESS then 1 day, hrs. or min.
76(?)			

OCCUPATION

8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.

10. Date dacaased last workad at this occupetion (month and year)

11. Total tima (yaars) spent in this occupation

12. BIRTHPLACE (city or town) ? (Stata or country) ?

FATHER

13. NAME George H. Hartley

14. BIRTHPLACE (city or town) ? (State or country) ?

MOTHER

15. MAIDEN NAME Amelia ?

16. BIRTHPLACE (city or town) ? (Stete or country) ?

17. INFORMANT Family Welfare Association (Address) 2008 Bolton Street

18. BURIAL, CREMATION, OR REMOVAL Baltimore Place Mt. Olivet Cem'ty Date July 25, 1939

19. UNDERTAKER John C. Mitchell & Son Inc. (Address) 1900 Eutaw Place, Baltimore

20. FILED 7/24, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 23 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1939, to July 23, 1939

That I last saw her alive on July 23, 1939; death is said to have occurred on the date stated above, at 4:45 A. m.

The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:

	Date of onset
Chr. interstitial Nephritis	unknown

Othar Contributory Causes of importance:

arteriosclerosis	unknown

Name of operation — Date of —

Whet test confirmed diagnosis? Necropsy Was thera an autopsy? No.

23. If death was due to axtarnal causas (VIOLENCE) fill in atso the following:

Accident, suicide, or homicida? — Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Mannar of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Robert M. Deming M. D.

(Address) Catonsville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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AUG 2 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06773

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. Wesley Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Hepburn

(a) Residence: No. Wesley Ave Catonsville, Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6. DATE OF BIRTH (month, day, and year): 7-13-39

7. AGE: Years: Stillborn; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Catonsville Md

FATHER

13. NAME: Frances Hepburn

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Mildred Ethel Matthews

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Mildred E. Matthews Catonsville

18. BURIAL, CREMATION, OR REMOVAL Place: Mt Ziow Cem. Date: 7-14, 1939

19. UNDERTAKER (Address): Adolphus Halstead 918 Drica Hill Ave

20. FILED: 7/14, 1939 H. L. Singleton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Stillborn 7 (Month) — 13 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ; I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Syphilitic Mother

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) K. Albert Hender M. D.

(Address) 102 Winters, Catonsville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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AUG 2 1939
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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 44

CERTIFICATE OF DEATH

06774

1. PLACE OF DEATH
(a) County Baltimore
(b) City or town Rosedale (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Philadelphia Rd and Moss Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 3 mos

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Prince George
(c) City or town College Park (If outside city or town limits, write RURAL and give town)
(d) Street No. Hopkins Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mary Ellen Hesson

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Charles Oliver Hesson

6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) March 8 1909

8. AGE: Years 30 | Months 4 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace Emmitsburg, Frederick Co. md. (Town, county, and state)

10. Usual occupation Own Home

11. Industry or business

FATHER
12. Name John Milton Baumgardner
13. Birthplace Taneytown Md

MOTHER
14. Maiden Name Grace Rebecca Martin
15. Birthplace Emmitsburg Md

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22 1939 (month) (day) (year)
(c) Cemetery or crematory Luthuran
Location Taneytown

18 (a) Funeral director C. O. Sussdorf Son
(b) Address Taneytown Md

19 (a) July 20-39 (Date rec'd by registrar) (b) John S. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death July 20 1939, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1939, to July 20 1939, and that I last saw her alive on July 20 1939.

Immediate cause of death	Duration
Carcinoma of Cervix Uteri	
Due to	
Due to	
Other conditions Fibroma Vaginal Haemorrhage (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of Cervix
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. M. Baumgardner M. D. or other
Address Rosedale Md Date signed 7/29/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 7 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06775

1. PLACE OF DEATH (191)

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. 15 Ridge Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. if of foreign birth? 52 yrs. mos. ds.

2. FULL NAME Mrs Mary V. Hilbert If U. S. Veteran, specify WAR

(a) Residence: No. 15 Ridge Rd St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Wht.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Herman Hilbert

6. DATE OF BIRTH (month, day, and year): May 29 1854

7. AGE: Years 85 | Months 2 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife Ret

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: At Home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 65

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Cornelius Williams

14. BIRTHPLACE (city or town) (State or country): Ger.

MOTHER

15. MAIDEN NAME: Maria Mayer

16. BIRTHPLACE (city or town) (State or country): Ger.

17. INFORMANT: Louis Hilbert (Address) 15 Ridge Rd.

18. BURIAL, CREMATION, OR REMOVAL Place: Mt Olivet Date: Aug 1st, 1939

19. UNDERTAKER: Geo W Sittle (Address) 2700 Edmondson Ave

20. FILED 7/31, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 30 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1939, to July 30, 1939

I last saw h[illegible] alive on July 29, 1939, death is said to have occurred on the date stated above, at [illegible] m. a m

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Chronic Gastro Enteritis	2 days
Senility	
Contributory Cause of importance:	
Exhaustion	2 days

Name of operation: — Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) 1600 W. North Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED AUG 8 1939 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(124-L)

06776

Reg. Diat. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 year, 4 months, 1 day

Stay in this community (yrs., or mos., or days) 1 year, 4 months, 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Lutherville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. None, Lutherville, Md.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

William M. Hinton

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 25, 1867

8. AGE:

Years	Months	Days	If less than one day
71	6	28	hrs. min.

9. Birthplace Maryland, Ashland, Balto. Co.
(Town, county, and state)

10. Usual occupation Farm laborer

11. Industry or business Farm

FATHER
12. Name William G. Hinton
13. Birthplace ? Balto. Co., Md.

MOTHER
14. Maiden name Deborah Russell
15. Birthplace ? Balto. Co., Md.

16. Informant Hospital records
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 25 1939 (month) (day) (year)

Cemetery or crematory Prospect Hill

Location Towson

18. Funeral director Randolph M. Brooks
Address Sparks

19. 7/24 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23, 1939, at 10:45 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 27, 1938, to July 23, 1939, and that I last saw him alive on July 23, 1939.

Immediate cause of death	DURATION
Broncho-pneumonia	5 days
Due to Coronary and generalized arteriosclerosis	Before 1938
Due to Cirrhosis of the liver	Before 1938
Other conditions Cerebral arteriosclerosis	Before 1938

(Include pregnancy within 3 months of death)

Major findings:
Of operations No

Of autopsy As given above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? No (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) No

Means of injury Injured at work?

23. SIGNATURE Serge Andry M. D. or other

Address Catonsville, Md. Date signed 7/24/39

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AUG 9 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06777

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 432

Village or City Lansdown No. 146 Clyde Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas F. Hitselberger

(a) Residence: No. 146 Clyde Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, dey, and year) August 9th 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Merchant (retired)

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Grocery

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 48

12. BIRTHPLACE (city or town) Baltimore. Md. (State or country)

FATHER

13. NAME John A. Hitselberger

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

MOTHER

15. MAIDEN NAME Laura A. Morgan

16. BIRTHPLACE (city or town) Baltimore. Md. (State or country)

17. INFORMANT Mrs. Mary W. Hitselberger (Address) 146 Clyde Ave

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. Date 7/20/1939

19. UNDERTAKER John J. Cowan & Son (Address) 901 Hollins St. Balto. Md.

20. FILED July 18, 1939 Geo Keeffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 17th. (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1939, to July 17, 1939

I last saw him alive on July 14, 1939; death is said to have occurred on the date stated above, at 7.30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease	
Cerebral Thrombosis	

Other Contributary Causes of Importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. C. Mac Laughlin M. D.

(Address) 400 N. Payson St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED AUG 3 1927 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06778

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Essex
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Riverside Ave.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infant give residence of mother)
State: Maryland County: Balto
City or town: Essex Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Riverside Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Carroll Hughes Hodges

3. (b) Social Security Number:

4. Sex: M.
5. Color or race: W.
6.(a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): March 21 - 1916
8. AGE: Years: 23 Months: 3 Days: 19 If less than one day: hrs. min.
9. Birthplace: Balto Md.
(Town, county, and state)
10. Usual occupation:
11. Industry or business:
FATHER 12. Name: Edward H. Hodges
13. Birthplace: Balto Md
MOTHER 14. Maiden name: Martha Cornelius
15. Birthplace: Balto Md.
16. Informant: Mrs. Edward H. Hodges
Address: Essex Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 7/11/39 (month) (day) (year)
Cemetery or crematory: Oak Lawn
Location: Eastern Ave Rd.
18. Funeral director: John G. Connelly
Address: Essex Md.
19. 7/10 - 1939 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 9th 1939, at 10-20 am
21. I CERTIFY that death occurred on the date above stated; that ~~I attended deceased from~~
19, to 19,
and that I last saw h alive on, 19
Immediate cause of death: Carcinoma
over antrum of accessory bone -
Due to: and Retroneey
Primary Site: a large angio fibrosarcoma
Due to: of scalp. Massive metastases to right lung with hydrothorax. cwsR
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: none

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: W. O. Mackenzie PM Ex
M. D. or other
Address: Pikesville Md Date signed 7-9-39

RECEIVED
JUL 11 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (186-a) Reg. Dist. No. 44

CERTIFICATE OF DEATH

06779

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Stemmers Run (Rural) (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital or institution: 3 East Lanning Lane
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) Yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Stemmers Run (Rural) (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 East Lanning Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? 29 years

3 (a) FULL NAME Wolfgang Hofmeister

3 (b) If veteran, name war

3 (c) Social Security No. 216-01-4430

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	Married

6 (b) Name of husband or wife Mary anna Hofmeister
6. (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Jan 15/1892

8. AGE: Years	Months	Days	If less than one day
53	5	19	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Uaual occupation Brewer
11. Industry or business Emerson Brewery

FATHER
12. Name Joseph
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Milker
15. Birthplace Germany

16 (a) Informant Mary Anna Hofmeister
(b) Address 3 E Lanning Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/39 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Kelly & Zeller Inc
(b) Address 4 E Mc Cold St

19 (a) 7/6/39 (Date rec'd by registrar) (b) John J. Cunelle Registrar

MEDICAL CERTIFICATION

20. Date of death July 4 1939, at 8:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 29 1939, to July 4 1939, and that I last saw him alive on July 3 1939.

	Duration
Immediate cause of death Pulmonary embolism	1 week
Due to Chronic Rheumatic endocarditis	
Due to Falls from ladder, at Brewery (Q.S.R.)	
Other conditions Trauma to Left Chest, due to accidental fall. (Include pregnancy within 3 months of death)	6/28/39

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death waa due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence June 23rd 1939.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? at his Brewery While at work? (Specify type of place)
(e) Means of injury Fell off ladder

23. Signature G. M. Baumgardner M.D. M. D. or other
Address Rosedale Md Date aigned 7/4/39

RECEIVED
JUL 28 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(205-m)

CERTIFICATE OF DEATH

06789

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Towson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or Institution:
Stay in hospital or Inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1210 Druid Hill Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Calvin Clark Holmes

3. (b) Social Security Number 205-07-4097

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Annie O. Holmes.

6(c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1908

8. AGE: Years	Months	Days	If less than one day
30	7	8	hrs. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual occupation Engr.
11. Industry or business Bethlehem Steel Co.

FATHER
12. Name Calvin E. Holmes
13. Birthplace Va.

MOTHER
14. Maiden name Hattie Starks
15. Birthplace Balto. Md.

16. Informant Annie O. Holmes
Address 1210 Druid Hill Ave.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/8/39 (month) (day) (year)
Cemetery or crematory Arbutus Memorial Park
Location
18. Funeral director Robert L. Young
Address 804 E. Caroline St.
19. July 6 1939 (Date rec'd by registrar) Dawson L. Barber Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4th 1939, at 7.14 A.M.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 to 19; and that I last saw h alive on 19.

Immediate cause of death Was fractured skull, left side, left arm and abdomen.

DURATION

Due to I did not see him alive but Dr. Colyer D. Myers did

Due to and treated him until he died

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, ~~suicide, or homicide~~ Date of June 39
Where did injury occur? Sparrows Pt. Balt. Md.
(City or town) (County) (State)
Injured ~~at home, farm~~, industry, ~~public place~~ (where?) Steel works
Means of injury Crane Work Injured at work? Yes

23. SIGNATURE N. G. Nse Lieut P.H.S. Ex
M. D. or other
Address Towson Md Date signed 7-4-39

RECEIVED
AUG 7 1939
BUREAU V. S.

616

06781

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (4-B)

Reg. Dist. No. 44

1. PLACE OF DEATH:

County Baltimore

City or town Essex Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Towson Rd

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 12 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Essex Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Towson Rd - Essex Md.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Daniel Huber

3. (b) Social Security Number

4. Sex Male 54

5. Color or race white

6. (a) Single, married, widowed, or divorced married

6 (b) Name of ~~husband~~ or wife Anna Huber

6(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Oct 15, 1884

8. AGE: Years 54 Months 9 Days 11 If less than one day ___ hrs. ___ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual occupation Press operator

11. Industry or business Pan Factory

FATHER 12. Name Antone Huber

13. Birthplace Germany

MOTHER 14. Maiden name Rose Siegler

15. Birthplace Germany

16. Informant Anna Huber

Address Towson Rd. Essex Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 29, 1939 (month) (day) (year)

Cemetery or crematory Mt. Carmel

Location Baltimore Md

18. Funeral director Durward Q. Covington

Address 21 W. 25th St

19. July 26 1939 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1939, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1939, to July 1939, and that I last saw him alive on July 25 1939.

Immediate cause of death Carcinoma of stomach — DURATION 1½ yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Carcinoma of stomach

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George H. Davis M.D. M. D. or other

Address Essex, Md Date signed 7/26/39

VS A15

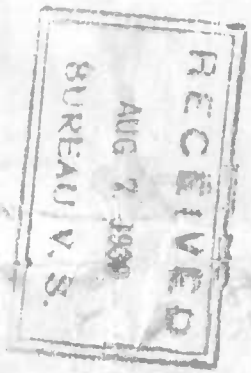
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1939
54
1855

1938-12-26
1855-10-15

4-9 91



MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (59)

Reg. Dist. No. 38

06782

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Idlewylde (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) 14 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Idlewylde (If outside city or town limits, write RURAL and give town)

(d) Street No. Beechwood Rd. (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Elizabeth S. Jessop

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife D. Stewart Jessop

6. (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1860

8. AGE: Years 78 | Months 8 | Days 5 | If less than one day —hr. —min.

9. Birthplace Ashland, Va. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —

FATHER 12. Name Jacob Shuler

FATHER 13. Birthplace Pennsylvania

MOTHER 14. Maiden Name Elizabeth Kuntz

MOTHER 15. Birthplace Pennsylvania

16 (a) Informant D. Stewart Jessop

16 (b) Address Beechwood, Idlewylde

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26, 1939 (month) (day) (year)

17 (c) Cemetery or crematory Jessops

Location Cockeysville Md.

18 (a) Funeral director Samuel M. Brooks

18 (b) Address Towson, Md.

19 (a) July 24 39 (Date rec'd by registrar) (b) Attest: Darrell Van Horn, Deputy Clerk, Registrar

MEDICAL CERTIFICATION

20. Date of death July 24 1939, at 6 30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1937, to July 24 1939, and that I last saw him alive on March 15 1939.

Immediate cause of death	Duration
Coronary Occlusion	30 min.
Due to arteriosclerosis.	5 years
Due to Diabetes.	6 years
Other conditions senility,	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Not.

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —

(e) Means of injury —

23. Signature A. J. Chaffantz M.D. M. D. or other

Address 6210 York Rd. Baltimore Md. Date signed July 24 39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(I) MARGIN RESERVED FOR BINDING

RECEIVED
AUG 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06783

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (97)

County Baltimore Registration Dist. No. 42

Village or City Relay No. Relay Sanitarium St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. 1 mos. 2 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel C. Jones If U. S. Veteran, specify WAR

(a) Residence: No. 400 N. Broadway St., Ward. Baltimore, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Oata deceased last worked et this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington, D.C. (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIOEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Osborne Murphy

(Address) 4108 Reisterstown Rd.

18. ~~BURIAL~~, CREMATION, OR ~~REMOVAL~~

Place Loudon Pk. Oate July 29, 1939

19. UNOERTAKER Frank V. Pipitone

(Address) 2818 E. Biddle St.

20. FILEO July 27, 1939 Geo. Keefer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 26 (Oay), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1939, to July 26, 1939

I last saw h-im alive on July 25, 1939; death is said to hava occurred on tha data stated above, at 7:10 p. m.

The **PRINCIPAL CAUSE OF DEATH** and relatad causes of importance were es follows:

	Oate of onset
Arteriosclerosis,	Unknown
Cerebral arteriosclerosis	1938
Other **Contributory Causes** of Importance:	
Retention of urine with	7/19/39
uremia	

Name of operation — Date of —

What test confirmed diegnosis? Examination Was there an autopsy? No.

23. If death was due to externel causes (VIOL ENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Whera did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way relatad to occupation of deceased?

If so, specify

(Signed) Louis P. Tundy M. D.

(Address) Relay, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

06784

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

(93-C)

County Baltimore — Registration Dist. No. 30

Village or City Catonsville — No. 3 Forrest Drive St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Luther B. Kelley — If U. S. Veteran, specify WAR

(a) Residence: No. 3 Forrest Drive St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Hennie Taylor Kelley

6. DATE OF BIRTH (month, day, and year): Dec 15 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Salesman at

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Hecht Dept Store

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Thomas C Kelley

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Sallie Mock

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Mrs Hennie Taylor Kelley, 3 Forrest Drive

18. BURIAL, CREMATION, OR REMOVAL — Place: Loudon Park — Date: July 15, 1939

19. UNDERTAKER (Address): L. Howard Strong, 715 Light St.

20. FILED: 7/14, 1939 — H. L. Lindsay, Registrar. — Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: July (Month) 12 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1939, to July 12, 1939

I last saw h— alive on July 12, 1939; death is said to have occurred on the date stated above, at 12-10 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3 days
Other Contributory Causes of Importance:	
Chr Myocarditis	2 yrs

Name of operation: None — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James Howell M. D.

(Address) Catonsville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(134)

06785

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

County Baltimore

City or town Owings Mills, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Owings Mills Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John G. King

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Julia M. King

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 14, 1877

8. AGE: Years	Months	Days	If less than one day
61	8	20	hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Retired motorman

11. Industry or business Baltimore Transit Company

FATHER 12. Name William King

13. Birthplace Maryland

MOTHER 14. Maiden name Josephine Ritter

15. Birthplace Maryland

16. Informant Julia M. King

Address Owings Mills, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 7, 1939 (month) (day) (year)

Cemetery or crematory All Saints

Location Reisterstown, Md.

18. Funeral director J. F. Eline & Sons

Address Reisterstown, Md.

19. July 6 1939 (Date rec'd by registrar) L. Frank Whitlock Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4th 1939, at 10A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 27th 1939, to July 4th 1939, and that I last saw him alive on July 3rd 1939.

Immediate cause of death	DURATION
Chronic Endocarditis and Myocarditis	Since April 1938
Due to Arterio-Sclerosis	
Due to	
Other conditions Chronic Interstitial nephritis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. E. Nichols M.D.
M. D. or other

Address Reisterstown, Md. Date signed 7/5/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. C

06786

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 938

Village or City EUDOWOOD SANATORIUM, TOWSON, MD No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. 1 mos. 9 ds. How long in U.S. if of foreign birth? 32 yrs. 3 mos. 13 ds.

2. FULL NAME August John Kotes If U. S. Veteran, specify WAR Yes.

(a) Residence: No. 523 N. Castle St., Ward. Baltimore

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, end year) January 17, 1888

7. AGE Years 51 Months 7 Days 9 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Electrical Mechanic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Hotel

10. Date deceased last worked at this occupation (month and year) April 1938

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Jacob Kotes

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Julia Vitovia

16. BIRTHPLACE (city or town) (State or country) Bohemia.

17. INFORMANT Personal History--Hospital Records Eudowood Sanatorium, Towson, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date July 29, 1939

19. UNDERTAKER (Address) Frank Grach 1906 Ashland Ave

20. FILED July 28, 1939 Sd. Darrell Pantom Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 26 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1939, to July 26, 1939

I last saw him alive on July 26, 1939; death is said to have occurred on the date stated above, at 12:10 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	April 1938
Bronchitis, Chronic.	?

Other Contributory Causes of Importance:

Name of operation None Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. A. Bridges M. D.

(Address) Towson, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE [illegible]LY, WITH UNFADING INK—THIS IS A PERMANENT RECO[illegible] Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-C)

Reg. Dist. No. 43

06787

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Balto

(b) City or town Overlea (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 6900 Beech Ave

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Overlea (If outside city or town limits, write RURAL and give town)

(d) Street No. 6900 Beech Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Minnie L. Krach

3 (b) If veteran, name war

3 (c) Social Security No. 215-03-6931

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan 20th 1903

8. **AGE:** Years 36 | Months 6 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace Balto Co. Md. (Town, county, and state)

10. Usual occupation Seamstress

11. Industry or business Dress factory

FATHER

12. Name J. L. Krach

13. Birthplace Balto Co. Md

MOTHER

14. Maiden Name Rosie L. Reichert

15. Birthplace Balto. City, Md.

16 (a) Informant Mrs. J. L. Krach

(b) Address 6900 Beech Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28 1939 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Balto City Md

18 (a) Funeral director Fredk Lossalm & Son

(b) Address 7401 Belair Rd

19 (a) 7/26/39 (Date rec'd by registrar) (b) Mrs. G. A. Fritz Acting Registrar

MEDICAL CERTIFICATION

20. Date of death July 25th 1939, at 7 55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 15 1939, to July 25 1939, and that I last saw ~~him~~ her alive on July 25 1939.

Immediate cause of death	Duration
Secondary anemia	4 months
Due to Carcinoma of the colon (ascending)	4 months
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address 4116 Northern Pkwy Date signed 7/20/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23) Reg. Dist. No. 32

CERTIFICATE OF DEATH

06788

1. PLACE OF DEATH:

(a) County: Baltimore

(b) City or town: Mount Wilson (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Mount Wilson Branch, Md. Tuberculosis Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days): 11 mos. 13 days

(e) Length of stay in this community (yrs., mos., or days): 11 mos. 13 days

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Md. (b) County: Baltimore

(c) City or town: Halethorpe (If outside city or town limits, write RURAL and give town)

(d) Street No.: Halethorpe Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME**: Hilda Kramer

3 (b) If veteran, name war: _____

3 (c) Social Security No.: _____

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.): July 16, 1922

8. AGE: Years: 16 Months: 11 Days: 28 If less than one day: _____ hr. _____ min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: Student

11. Industry or business: _____

FATHER

12. Name: Bernard Kramer

13. Birthplace: Germany

MOTHER

14. Maiden Name: Frances Read

15. Birthplace: Baltimore, Md.

16 (a) Informant: J. Frank Spalding

(b) Address: Mount Wilson, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 17, 1939 (month) (day) (year)

(c) Cemetery or crematory: Loudon Park Cemetery

Location: Baltimore, Maryland

18 (a) Funeral director: Frederick A. Cole

(b) Address: 1200 W. Lombard St. Balto, Md.

19 (a) 7/14/39 (Date rec'd by registrar) (b) J. Frank Spalding Registrar

MEDICAL CERTIFICATION

20. Date of death: July 14, 1939, at 6:08 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1 1938, to July 14 1939, and that I last saw her alive on July 14 1939.

Immediate cause of death: Pulmonary Tuberculosis — Duration: Since April, 1938

Due to: _____

Due to: _____

Other conditions: None

(Include pregnancy within 3 months of death)

Major findings:

Of operations: No operations

Of autopsy: No autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide: _____

(b) Date of occurrence: _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury: _____

23. Signature: John A. Smith M. D.

Address: Mount Wilson, Md. Date signed: 7/14/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 30

CERTIFICATE OF DEATH

06789

1. PLACE OF DEATH:
(a) County Baltimore County
(b) City or town Rural - Howard Park (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 8 Guywndale Avenue
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 17 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Baltimore Co.
(c) City or town Rural - Howard Park (If outside city or town limits, write RURAL and give town)
(d) Street No. 8 Guywndale Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Fannie Alice Le Gourd

3 (b) If veteran, name war

3 (c) Social Security No. none

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 6 1869

8. **AGE:** Years 69 | Months 7 | Days 12 | If less than one day _____ hr. _____ min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual occupation saleslady

11. Industry or business Hutzler Bros. Dept Store

FATHER
12. Name Lawrence Louis Le Gourd
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Sarah Katherine Small
15. Birthplace Baltimore Md

16 (a) Informant Mrs. Cornelia D. Le Gourd
(b) Address 8 Guywndale ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20, 1939 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Baltimore, Md.

18 (a) Funeral director [illegible]
(b) Address 1005 N. Baltimore St.

19 (a) 7/16/39 (Date rec'd by registrar) (b) [illegible] Registrar
Deputy Local.

MEDICAL CERTIFICATION

20. Date of death July 17 1939, at 4 30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 4 1933, to July 17 1939, and that I last saw him alive on July 8 1939

Immediate cause of death	Duration
(a) Chronic Myocardial Degeneration	5 yrs
Due to Syphilis	uncertain
Due to	
Other conditions High Blood Pressure	6 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged atatistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** Joshua H. Armacost M.D. (M. D. or other)
Address Woodlawn Md. Date signed July 17 1939

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JUL 21 1930
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-C) Reg. Dist. No. 31

06790

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Hebbville
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Rolling Road
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Hebbville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rolling Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** William H. Liebno

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Augusta Liebno

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25, 1875

8. **AGE:** Years 64 | Months 4 | Days – | If less than one day hr. min.

9. Birthplace Baltimore County, Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William Liebno
13. Birthplace Germany

MOTHER
14. Maiden Name Hannah Keats
15. Birthplace Germany

16 (a) Informant Mrs. Augusta Liebno
(b) Address Rolling Road, Hebbville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28, 1939 (month) (day) (year)
(c) Cemetery or crematory Mt. Olive Cemetery
Location Randallstown, Md.

18 (a) Funeral director [signature]
(b) Address 1003 W. Baltimore St., Balto

19 (a) July 28 (Date rec'd by registrar) (b) J. J. Milton Piel Registrar

MEDICAL CERTIFICATION

20. Date of death July 25, 1939 19 , at 8.15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May – 1939, to July 25 1939, and that I last saw him alive on July 24 1939

Immediate cause of death	Duration
Coronary Thrombosis	9-25-39
Due to Generalized Arteriosclerosis	3 yrs
Due to Chronic Myocarditis	5 yr
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. G. Abbott M.D. M. D. or other
Address 4509 Liberty Hgts Ave Date signed

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 3 1939
BUREAU V. S.

06791

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(194-E)

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH

County Balto

City or town Timonium

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: York Rd

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Balto

City or town Timonium Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. York Rd

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME David Ellicott Loon

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26 - 1938

8. AGE: Years — Months 11 Days 9 If less than one day hrs. min.

9. Birthplace Hopkins Hospital (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name John T. Loon Jr

13. Birthplace Wholesale Liquor

MOTHER

14. Maiden name Anita Reynolds

15. Birthplace Balto

16. Informant Lawrence Denning J.

Address Rux Ton Md

17. (Burial, cremation, or removal. Which?) Date thereof July 3rd 1939 (month) (day) (year)

Cemetery or crematory Druid Ridge Cem

Location Pikesville Md.

18. Funeral director H W Jenkins & Son Co

Address Orchard - McCulloch St

19. July 4 1939 (Date rec'd by registrar) W Carroll Van Horn Registrar

Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4th 1939, at noon about 1 oc M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 , to 19 , ~~and that I last saw h alive on~~ 19

Immediate cause of death was accidental strangulation by a cord around body neck & caught

Due to over rail of crib

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Nom

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, ~~suicide, or homicide~~ Date of 7-4-39

Where did injury occur Timonium (City or town) Balto (County) Md (State)

Injured at home, farm, industry, public place (where?) at home

Means of injury strangulation injured at work

23. SIGNATURE H. T. O'Mose Dep. H.M.E. M. D. or other

Address Pikesville Md Date signed 7-4-39

VS A15 (T) (I) (C) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 4 1939
BUREAU V. S.

06792

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

CERTIFICATE OF DEATH

CB

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Towson (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Sheppard & Enoch Pratt Hospital

Stay in hospital or inst. (yrs., or mos., or days): 6 years, and 19 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: District of Columbia County:

City or town: Washington Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Apt. 32, 1150 Connecticut Avenue, N.W. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Nannie Belle Maury

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife: --

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): January 27th, 1856

8. AGE:

Years	Months	Days	If less than one day
83	5	7	hrs. min.

9. Birthplace: Washington, D. C. (Town, county, and state)

10. Usual occupation: None

11. Industry or business: --

FATHER
12. Name: William Maury
13. Birthplace: Unknown

MOTHER
14. Maiden name: Elizabeth Maury
15. Birthplace: Unknown

16. Informant: Hospital Record

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 7-1939 (month) (day) (year)

Cemetery or crematory: Washington, D. C.

Location:

18. Funeral director: Wm. J. Dickman & Sons

Address: N. Fa Ave

19. July 4 1939 (Date rec'd by registrar) W. Conrad Van Horn Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 4th 1939, at 12:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 1933, to July 4 1939, and that I last saw her alive on July 3 1939.

Immediate cause of death: chronic myocarditis generalized arteriosclerosis. — DURATION: 1923?

Due to:

Due to:

Other conditions: senile dementia c̄ cerebral arteriosclerosis (Include pregnancy within 3 months of death) — 1923?

Major findings:

Of operations: none.

Of autopsy: generalized arteriosclerosis

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work? —

23. SIGNATURE: Ross McC. Chapman M.D. M. D. or other

Address: Ross McC. Chapman, M.D. Towson Md. Towson, Maryland. Date signed:

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 4 1939
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06793

(93-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County BALTIMORE

City or town Towson
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: SHEPPARD AND ENOCH PRATT HOSPITAL

Stay in hospital or inst. (yrs., or mos., or days) 7 years, 5 months

Stay in this community (yrs., or mos., or days) 24 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Georgia County

City or town Atlanta Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Pace's Ferry Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Anne Henderson McDaniel

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Saunders M. McDaniel, deceased 6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 15, 1869

8. AGE: Years	Months	Days	If less than one day
69	11	20	____ hrs. ____ min.

9. Birthplace Tennessee
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Henderson
13. Birthplace —

MOTHER
14. Maiden name Harriet Smiley
15. Birthplace Virginia

16. Informant Hospital Records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 5, 1939 (month) (day) (year)

Cemetery or crematory

Location Atlanta, Ga.

18. Funeral director John O. Mitchell & Sons Inc.

Address 1900 Eutaw Place

19. July 5 39 (Date rec'd by registrar) Wilmarrell Van Horn Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5th 1939, at 9:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 11 1932, to July 5 1939, and that I last saw her alive on July 5 1939.

Immediate cause of death	DURATION
Chronic myocarditis	1930
Generalized arteriosclerosis	
Due to	
Due to	
Other conditions Psychopathic personality	unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Confirms above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Ross McC. Chapman M.D.
Ross M. Chapman, M.D. M. D. or other

Address Towson Md Date signed 7/5-39

RECEIVED
JUL 11 1939
BUREAU V. S.

BALTIMORE City HEALTH DEPARTMENT

CERTIFICATE OF DEATH (163)

Registered No. 32

06794

MARGIN RESERVED FOR BINDING

PLEASE WRITE MAINLY WITH UNFADING INK. Every item of information should be full supplied. The correct age is especially important. Physicians: please write the causes of death clearly and accurately.

1. PLACE OF DEATH:
(a) Baltimore City Maryland
(b) Street address
(c) Hospital or institution: Mt Wilson Sanatorium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Yrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto'
(c) City or town Mt Wilson St Denis
(If outside city or town limits, write RURAL and give town)
(d) Street No. Sanatorium
(If rural give location)
(e) If foreign born, how long in U. S. A.? Yes' years

3 (a) FULL NAME James H. McDonald

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife: single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1908

8. AGE: Years	Months	Days	If less than one day
30	6	20	hr. min.

9. Birthplace New York
(Town, county, and state)
10. Usual Occupation Insurance
11. Industry or business

FATHER
12. Name James MacDonald
13. Birthplace Pa.

MOTHER
14. Maiden Name Blanche Hazelip
15. Birthplace Baltimore, Md.

16 (a) Informant Daisey Dannenberg
(b) Address Elkridge. Md.

17 (a) Burial (b) Date thereof July 15-39
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Forest Park.
Location Single Interment

18 (a) Funeral director Frank H. Purnell
(b) Address Pikesville Md.

19 (a) July 14 39 (b) E E Nichols
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-13- 1939, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came
(Autopsy or Inquiry)
to death on the day stated above.

Immediate cause of death	Duration
Cyanide Poisoning	
Due to	Immediate
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Normal Gross appearance

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 7-13-
(c) Where did injury occur? (City or town) County (County) (State)
(d) Did ~~injury~~ occur about home, on farm, industrial place, in public place? Mt Wilson Sanatorium While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 7-13-39

VS 6

positive cause of death, pending Chemical Analyses.

W. J. M.

RECEIVED
AUG 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (37-B) Reg. Dist. No. 35

CERTIFICATE OF DEATH

06795

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Parkton, Md
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 79 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Parkton, R F D
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? —years

3 (a) FULL NAME James Calvin Miller

3 (b) If veteran, name war —
3 (c) Social Security No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: widower
6 (b) Name of husband or wife Clara Miller
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2 - 1860

8. AGE: Years 78 | Months 10 | Days 26 | If less than one day ____hr. ____min.

9. Birthplace Parkton R.F.D. Md (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name John R. Miller
13. Birthplace Unknown

MOTHER
14. Maiden Name Anna Mary Frederick
15. Birthplace Unknown

16 (a) Informant Mrs. Frank Molesworth
(b) Address Parkton, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30-39 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Whitehall Md

18 (a) Funeral director P. Markle Sup
(b) Address Whitehall Md

19 (a) July 29th (Date rec'd by registrar) (b) Nelson Bortner Registrar

MEDICAL CERTIFICATION

20. Date of death 7/28 1939, at 2:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/25 1939, to 7/28 1939, and that I last saw him alive on 7/25 1939.

Immediate cause of death	Duration
Carcinoma of the Urinary bladder	
Due to	
Due to	
Other conditions Chronic Myocarditis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. G. de Quevedo, Ver. M. D. or other
Address Box 6767, Towson, Md. Date signed 7/28/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
AUG 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06796

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (97)

County Baltimore Registration Dist. No. 42

Village or City Halethorpe No. Linden ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida E. North If U. S. Veteran, specify WAR

(a) Residence: No. Linden ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. COLOR OR RACE: White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. R. North

6. DATE OF BIRTH (month, day, and year): July 15. 1855

7. AGE: Years 83 | Months 11 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto., Md.

FATHER

13. NAME: John T. Hurding

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Elisa C. Bush

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Mrs. W. R. Chance Linden ave. Halethorpe

18. BURIAL, CREMATION, OR REMOVAL Place: Loudon Park Cem. Date: July 7, 1939

19. UNDERTAKER (Address): Margaret G. Flynn 1422 Light St.

20. FILED: July 5, 1939 Geo. McKieffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 5 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March, 1937, to July 5, 1939

I last saw h[e] alive on July 3, 1939; death is said to have occurred on the date stated above, at 10:45 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1937

Other Contributory Causes of Importance:

Name of operation — Date of —

What test confirmed diagnosis? Stethoscope Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Willard S. Parson. M. D.

(Address) Halethorpe Balto. md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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AUG 3 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06797

213-d

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County: Balto

City or town: Near Essex

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Bay Shore Drive

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 1 month

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Michigan County:

City or town: Detroit Ward No.:

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 3210 Richton

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Robert Nusholtz (Nusholtz

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.):

8. AGE:

Years	Months	Days	If less than one day
12			hrs. min.

9. Birthplace: Balto. Md. (Town, county, and state)

10. Usual occupation: School Boy

11. Industry or business:

FATHER

12. Name: Maurice Nusholtz

13. Birthplace: Washington D.C.

MOTHER

14. Maiden name: Nora Livingston

15. Birthplace: Phil. Pa.

16. Informant: Mr. Harry Livingston

Address: 3406 Ellamont Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 14-39 (month) (day) (year)

Cemetery or crematory: Rosedale Hebrew

Location: Rosedale

18. Funeral director: Jack Lewis Inc.

Address: 1439 E. Balto St.

19. 7/13 1939 John G. Connelly (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 12 1939, at 8-30 AM

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 , to 19 , and that I last saw h alive on 19

Immediate cause of death: Accidental drowning

A boat was involved. Cause of Deceased and his cousin, Herbert Livingston, were crabbing from a boat. Boat was capsized. Deceased, who could not swim, was drowned. His body was not recovered until the next day.

DURATION

Due to

Due to

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, ~~suicide, or homicide~~: accident Date of: 7-12-39

Where did injury occur? Near Essex (City or town) Balto (County) Md (State)

Injured at home, farm, industry, public place (where?): private beach

Means of injury: drowning Injured at work? No

23. SIGNATURE: W. T. O. Nyce Deep P.M. Ex. M. D. or other

Address: Pikesville Md. Date signed: 7-13-39

VS A15 (T) MARGIN RESERVED FOR BINDING (I)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 28 1939
BUREAU V. S.

(M)

(S)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (8)

Reg. Dist. No. 44

06798

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Sparrows Point (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Woodridge Rd - Lodge Forrest

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Sparrows Point (If outside city or town limits, write RURAL and give town)

(d) Street No. R.F.D. 10 - Box 536 (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Howard Oldham

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July. 15. 1939.

8. AGE: Years Born | Months dead | Days — | If less than one day ___ hr. ___ min.

9. Birthplace Sparrows Point - Md (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER

12. Name Charles Gerhardt Oldham Jr

13. Birthplace Balto. Md

MOTHER

14. Maiden Name Eleanor Frances Horel

15. Birthplace New York. N.Y.

16 (a) Informant Charles Oldham (father)

(b) Address same as above

17 (a) John Hopkins Hosp (Burial, cremation, or removal) (b) Date thereof July 15. 1939 (month) (day) (year)

(c) Cemetery or crematory Removal

Location

18 (a) Funeral director none

(b) Address

19 (a) July 15. 39 (Date rec'd by registrar) (b) Dawson L. Harlan Dep. Registrar

MEDICAL CERTIFICATION

20. Date of death July. 15 1939, at 5 20 A M

21: I certify that death occurred on the date above stated; that I attended deceased from ___ 19___, to July 15 1939, and that I last saw him alive on ___ 19___.

Immediate cause of death Born dead

Due to Prematurity (5 1/2 mo.)

Due to

Other conditions none - (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Louis N. Collin. M.D. (M. D. or other)

Address Sparrows Point. Md. Date signed July. 15 1939

RECEIVED
AUG 7 1939
BUREAU V. S.

06799

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 41

Village or City Edgemere No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Moses J Outland

(a) Residence: No. Edgemere Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: A. A.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mariah Outland

6. DATE OF BIRTH (month, day, and year): Dec 12-1884

7. AGE: Years 54 Months 6 Days 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Steel Mills

10. Date deceased last worked at this occupation (month and year): 1936

11. Total time (years) spent in this occupation: 45yr

12. BIRTHPLACE (city or town) (State or country): Nansmond Va.

FATHER

13. NAME: Moses Outland

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Do not Know

16. BIRTHPLACE (city or town) (State or country): —

17. INFORMANT: Jordan Thomas (Address) Edgemere Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvery Date: July 6, 1939

19. UNDERTAKER: Mrs. R. A. Elliott-Daughter (Address) 1129 N. Caroline St

20. FILED: 7/3/39, 19.. [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 3 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May, 1939, to July 3, 1931

I last saw him alive on June 30, 1939; death is said to have occurred on the date stated above, at 1:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Chr. nephritis	1930

Other Contributory Causes of importance:

Hypertrophy of Prostate	1936

Name of operation: None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [signature] M. D.

(Address) 1422 E. Chase Street Baltimore Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5 1927*
Other contributory causes of importance:	
Gallstones	*May 1,1923*

BUREAU V. S.
JUL 11 1939
RECEIVED

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

615

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06800

92-a

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
County Balto
City or town Essex
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Balto.
City or town Dundalk Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1509 Dundalk ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Geo Henry Peters

3. (b) Social Security Number 218-07-8789

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married

8 (b) Name of husband or wife Marie Peters
6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Nov. 1- 1864

8. AGE: Years 74 Months 8 Days 20 If less than one day ___ hrs. ___ min.

9. Birthplace Germany
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business B.C.R. + Smelding Co.

FATHER
12. Name Henry W. Peters
13. Birthplace Germany

MOTHER
14. Maiden name Caroline Remmer
15. Birthplace Germany

16. Informant Marie Peters
Address 1509 Dundalk ave

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof July 23-1939 (month) (day) (year)
Cemetery or crematory Mt. Carmel Cem
Location O'Donnell St. Ext.

18. Funeral director George W. Zirkler
Address 1737 E. Eager St.

19. 7/21 1939 John G. Connelly
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1939, 8-25 am

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ___ 19___, to ___ 19___, ~~and that I last saw~~ h ___ ~~alive on~~ ___ 19___.

Immediate cause of death Valvular disease of heart & complications

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; None
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. P. Tyler Dept. P.M. Ex
M. D. or other
Address Pikesville Md Date signed 7-20-39

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1509 Dundalk av

RECEIVED
JUL 28 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 30

CERTIFICATE OF DEATH

06801

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Catonsville, Maryland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Spring Grove State Hospital, Catonsville

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in this community (yrs., mos., or days) 3 days

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore City

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5327 Hamlin Street, (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Mayblair Pierrott

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Albert Pierrott

6. (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) October 23, 1889

8. AGE: Years 49 Months 8 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER

12. Name Frank C. Alrich

13. Birthplace Baltimore, Maryland

MOTHER

14. Maiden Name Anna Blair

15. Birthplace Carlisle, Pennsylvania

16 (a) Informant Hospital Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (month) 20 (day) 1939 (year)

(c) Cemetery or crematory Lorraine

Location Balto Co

18 (a) Funeral director William Cook

(b) Address 1217 St Paul St

19 (a) 7/17/39 (Date rec'd by registrar) (b) [signature] Registrar

Deputy Local

MEDICAL CERTIFICATION

20. Date of death July 16, 1939, at 10:30 p.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13, 1939, to July 16, 1939, and that I last saw him alive on July 16, 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage July 14, 2:30 p.m.	
Due to Chronic Valvular heart disease	Before 1939
Due to Hypertension before 1939	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence No

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? None (Specify type of place) While at work? None

(e) Means of injury None

23. Signature John G. Kunkel M. D. or other

Address Catonsville Date signed 7/17/39

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (134)

06802

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Recedo Knoll

Stay in hospital or inst. (yrs., or mos., or days): Oct. 27, 1938

Stay in this community (yrs., or mos., or days): 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County:

City or town: Irvington, Baltimore, Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Collins Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Barbara Powell

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.):

8. AGE: Years	Months	Days	If less than one day
84			hrs. min.

9. Birthplace: Baltimore, Md.

(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER — 12. Name: George Ulrich

FATHER — 13. Birthplace: Germany

MOTHER — 14. Maiden name: Barbara Schmidt

MOTHER — 15. Birthplace: Germany

16. Informant: Sr. Superior, Recedo Knolls

Address: Catonsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 1, 1939 (month) (day) (year)

Cemetery or crematory: London Park Cem

Location: Balt Md

18. Funeral director: George A. Farley

Address: Catonsville, Md.

19. 7/31/39 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH: July 30, 1939, at 8.10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 12, 1939, to July 30 1939, and that I last saw her alive on July 26, 1939.

Immediate cause of death: Cardio-Vascular-Renal Disease ? — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: J. Carroll Monmonier M. D. or other

Address: Catonsville, Md. Date signed

RECEIVED
AUG 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 608 (183)

Reg. Dist. No. 44

06803

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Balto

(b) City or town Essex (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Breezey Point

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2905 Echodale Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Henry Presser

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3, 1923

8. AGE: Years 16 | Months 3 | Days 8 | If less than one day hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual occupation Student

11. Industry or business

FATHER

12. Name Charles H. Presser, Sr.

13. Birthplace Balto., Md.

MOTHER

14. Maiden Name Mary Moore,

15. Birthplace Balto., Md.

16 (a) Informant Mr. C. H. Presser, Sr.

(b) Address 2905 Echodale Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14, 1939 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Taylor Ave.

18 (a) Funeral director F. Lassalle & Son

(b) Address 7401 Belair Road

19 (a) July 12 39 (Date rec'd by registrar) (b) John D. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death July 11 1939, at 9-45 a M

21. I certify that death occurred on the date above stated; ~~that I attend~~ed deceased from 19, to 19, and that I last saw him alive on 19.

Immediate cause of death was accidental Drowning

Due to There was no boat involved. C.W.G.R.

Due to Patient suddenly sank, in deep water. Did not come to surface again, until body was recovered by grappling irons.

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, ~~suicide, or homicide~~ Accident

(b) Date of occurrence July 11 - 1939

(c) Where did injury occur? Breezy Point Essex (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. T. O. Wise Dep PM Cex M. D. or other

Address Pikesville Md Date signed 7-11-39.

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 19 1939
BUREAU V. S.

Spec.—9-30—A. & Co.—250 Bks.

06804

HEALTH DEPARTMENT ~~CITY OF~~ BALTIMORE County

CERTIFICATE OF DEATH.

(95-6)

1-PLACE OF DEATH

REGISTERED No. 30 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

~~CITY OF~~ BALTIMORE: (No. 833 Frederick ave ST. Catonsville WARD)

2-FULL NAME John W Randall

(a) RESIDENCE No. 833 Frederick ave ST., Catonsville WARD Md
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored ~~White~~

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Viola Randall

6 DATE OF BIRTH (month, day, and year): Jany. 20, 1894

7 AGE: Years 45 Months 5 Days 12 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): General work

(c) Name of employer

7899

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Lloyd Randall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Minerva Stewart

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Mrs Harriet Freeman 1559 N Woodyear st

15 Filed 7/5, 1939 H C Sughrue Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 2, 39

17 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

that I last saw h..... alive on ....., 19.....

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Cardio vascular disease

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary): Coronary thrombosis

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Sudden death

What test confirmed diagnosis? Inquiry

(Signed) Geo W Kieffer Deputy Medical Examiner of Balto Md. M. D.

July 4 39 (Address) 1010 Leed ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Star Cem

DATE OF BURIAL: 7/5 1939

20 UNDERTAKER: Geo T H Gibson

ADDRESS: Balto Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Asso.]

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman,* etc. But in many cases, especially industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day Laborer, Farm Laborer, Laborer—Coal Mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary) may be entered as *Housewife, Housework* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired* 6 *yrs.*). For persons who have no occupation whatever, write *None.*

Statement of Cause of Death.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid the use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia") *Lobar pneumonia; Broncho-pneumonia* ("pneumonia," unqualified, is indefinite); *Tuberculosis of the lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of . . . . (name origin "Cancer" is less definite; avoid use of "Tumor" for (malignant neoplasms); *Measles; Whooping cough, chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Broncho-pneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.) "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage as "PUERPERAL *septicemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

06805

CERTIFICATE OF DEATH

(M)

1. PLACE OF DEATH

Registered No. 35

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7100 Bristol Rd, Stmtleigh St. Ward)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Frank Aitken Reynolds

(a) Residence: No. 7100 Bristol Rd. St., Ward Stmtleigh
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Sargent Reynolds

6. DATE OF BIRTH (month, day, year) April 9, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Superintendent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Right of Way Gas & Electric Co.

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 27 years

12. BIRTHPLACE (city or town) (State or country) Georgetown D.C.

FATHER

13. NAME Flavitan DeWitt Reynolds

14. BIRTHPLACE (city or town) (State or country) New York State

MOTHER

15. MAIDEN NAME Rebecca Aitken.

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

17. INFORMANT Thomas B. Reynolds.
(Address) 319 Gittings Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cemetery 7-8- 1939

19. UNDERTAKER H.W. Mears & Son.
(Address) 805 N. Calvert St.

20. FILED July 7, 1939 W. Carroll Vanthom Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1939, to July 5, 1939

I last saw him alive on July 5, 1939. Death is said to have occurred on the date stated above, at 6:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	1938
Metastasis of viscera & omentum, lungs.	1939

Other contributory causes of importance:

Toxaemia	1939

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. W. Bishop, M. D.

(Address) 501-503 S Hereford

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(I)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED AUG 4 1939 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06806

HEALTH DEPARTMENT—CITY OF BALTIMORE

STILL BIRTH No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH (8) 309 Registered No.

CITY OF BALTIMORE: (No. Co. [redacted] St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Abortion Roberts If U. S. Veteran specify WAR

(a) Residence: No. Monkton - Maryland St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Abortion 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 21-1939

7. AGE Abortion Years Months Days If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME William C. Roberts
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Ruth Lauster
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mother

18. BURIAL, CREMATION, OR REMOVAL Place Carnegie Laboratory Date 19

19. UNDERTAKER (Address) Of Embryology.

20. FILED Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows: Spontaneous complete abortion at three months. No cause known. Not induced

Other contributory causes of importance:

Date of onset

Was an operation performed? Date of

For what disease or injury? Diagnosis for Material Passed

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John G. Murray Jr. M. D.

(Address) 9 E. Chase Street

JUL 25 1939

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PRECISION ... state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of each in order OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

M. D. B. 1268-9

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(210-m)

06807

Reg. Dist. No. 44

1. PLACE OF DEATH:

County Balto

City or town Essex

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Balto

City or town Essex Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Riverside Drive

(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME John ~~Robey~~ Robey

3. (b) Social Security Number 213-01-3541

4. Sex M.

5. Color or race W.

6. (a) Single, married, widowed, or divorced married.

6 (b) Name of husband or wife Susie Robey

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 29 - 1877

8. AGE: Years 61 Months 8 Days 16 If less than one day hrs. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual occupation Janitor

11. Industry or business

FATHER

12. Name Nicholas Robey

13. Birthplace Laurel, Md.

MOTHER

14. Maiden name Eliz. Ulle

15. Birthplace Balto. Md.

16. Informant Mrs. Susie Robey

Address Riverside Drive Essex Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/18/39 (month) (day) (year)

Cemetery or crematory London Park

Location Frederick Rd.

18. Funeral director William Cook

Address 1217 St. Paul Str

19. 7/15 1939 John G. Connelly (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1939 2-10 am about

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death Auto Accident, chest crushed injury to frontal bone

Due to probable fracture of skull

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, ~~suicide, or homicide~~ Accident Date of 7-15-39

Where did injury occur? Essex (City or town) Balto (County) Md (State)

Injured at ~~home, farm, industry, public place (where?)~~ on road

Means of injury Auto Accident Injured at work? No

23. SIGNATURE W. T. E. Myer Dept P.M. Ex. M. D. or other

Address Pikesville Md Date signed 7-15-39

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06808

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (82-a)

County Baltimore Registration Dist. No. 30

Village or City Catonsville Md. No. Maple Grove Nursing Home St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Walter C. Sadler If U. S. Veteran, specify WAR No

(a) Residence: No. ~~Maple Grove Nursing Home~~ St. Ward. Catonsville, Md.

(Usual place of abode) 701 Ingleside Ave. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence Sadler

6. DATE OF BIRTH (month, day, and year): Aug. 24, 1877

7. AGE: Years 71 | Months 10 | Days 10 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Printer Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Rocky Mount N. C.

FATHER

13. NAME: Octovius A. Sadler

14. BIRTHPLACE (city or town) (State or country): Cumberland Va

MOTHER

15. MAIDEN NAME: Mary Alice Otey

16. BIRTHPLACE (city or town) (State or country): Richmond Va

17. INFORMANT (Address): Dr Ryland D. Sadler 2318 N Charles St

18. BURIAL, CREMATION, OR REMOVAL Place: Rocky Mount N.C. Date: 7/5 1939

19. UNDERTAKER (Address): William Cook 1217 St Paul St

20. FILED 7/5, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 4 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from June 9, 1939, to July 4, 1939

I last saw him alive on July 4, 1939; death is said to have occurred on the date stated above, at 10 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	7/4/39

Other Contributory Causes of importance:

General arteriosclerosis	6/9/39

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury ____, 19__

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) R. M. Hening M. D.

(Address) Catonsville, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

NOTE: Authorization for change of age of deceased filed September 7, 1939 under Dr. Hening. - L.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(93-a)

06809

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 13 days

Stay in this community (yrs., or mos., or days): 13 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Fork Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Fork, Maryland
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Edwin A. Salisbury

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nina Tiel

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 21 1867

8. AGE: Years: ~~703~~ 72 Months: 1 Days: 9 If less than one day ____ hrs. ____ min.

9. Birthplace: Rhode Island
(Town, county, and state)

10. Usual occupation: Farmer & Carpenter

11. Industry or business: Own farm

FATHER
12. Name: Gilbert Salisbury
13. Birthplace: Rhode Island

MOTHER
14. Maiden name: Mary Cohen
15. Birthplace: Rhode Island

16. Informant: Mrs Nina Salisbury
Address: Ford Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Aug 1 1939 (month) (day) (year)

Cemetery or crematory: Rockland Cemetery

Location: Providence Rhode Island

18. Funeral director: C. E. Arthur
Address: Fork, Md.

19. 7/31 1939 (Date rec'd by registrar) H. H. Sudreal Registrar Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 30, 1939, at 7:05 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 17, 1939, to July 30, 1939, and that I last saw him alive on July 30, 1939.

Immediate cause of death	DURATION
Acute Toxic Myocarditis	2 days
Due to Cellulitis of left arm	7 days
Due to	
Other conditions Generalized arteriosclerosis	Before 193

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No
Of autopsy: As given above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: No Date of
Where did injury occur? No (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): No
Means of injury: None Injured at work?

23. SIGNATURE: Robert E. Gardner M.D.
M. D. or other
Address: Catonsville, Md. Date signed: 7-31-39

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95-t) Reg. Dist. No. 30

CERTIFICATE OF DEATH

06810

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Catonsville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 107 Bloomsbury Ave.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)

(d) Street No. 107 Bloomsbury Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Elizabeth Ida Scannell

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Cornelius Scannell

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) August 21, 1870

8. AGE: Years 68 | Months 11 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace Ireland (Town, county, and state)

10. Usual occupation Housework

11. Industry or business At Home

FATHER 12. Name Patrick Sweeney

FATHER 13. Birthplace Ireland

MOTHER 14. Maiden Name Elizabeth Boney

MOTHER 15. Birthplace Ireland

16 (a) Informant Mrs. Ida E. Scannell

(b) Address 107 Bloomsbury Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29, 1939 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cemetery

Location Baltimore, Md.

18 (a) Funeral director D. M. Amoroso

(b) Address 1003 W. Baltimore St.

19 (a) 7/29/39 (Date received by registrar) (b) [signature] (Registrar)

MEDICAL CERTIFICATION

20. Date of death July 26, 1939 19__, at 5.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1939, to July 26 1939, and that I last saw him alive on July 24 1939.

Immediate cause of death	Duration
Hypertension Cardiovascular	
Due to heart disease	7
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address Ellicott City, Md. Date signed 7/29/39

Leon A. Hodgson

RECEIVED
AUG 3 1939
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(107-a)

Reg. Dist. No. 20 — 06811

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville, Maryland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital, Catonsville

Stay in hospital or inst. (yrs., or mos., or days): 7 days

Stay in this community (yrs., or mos., or days): 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1011 N. Iris Avenue, Baltimore, Md.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Frederick Scheeler

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Bertha S

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 31 - 1862

8. AGE:

Years	Months	Days	If less than one day
77	1	17	hrs. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: Track foreman

11. Industry or business: Railroad

FATHER 12. Name: Andrew Scheeler

13. Birthplace: Germany

MOTHER 14. Maiden name: Margarette

15. Birthplace: Germany

16. Informant: Hospital Records

Address: Catonsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/19/39 (month) (day) (year)

Cemetery or crematory: Zion Cem.

Location: Stemmers Run

18. Funeral director: John Ulrich

Address: 2008 Orleans St

19. 7/17 (Date rec'd by registrar) 1939 — Registrar

Deputy Local.

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 17, 1939, at 4:45p.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10, 1939, to July 17, 1939, and that I last saw h- im alive on July 17, 1939.

Immediate cause of death	DURATION
Broncho-pneumonia	7 days
Due to Generalized arteriosclerosis	Before 193 9
Due to	
Other conditions Senile Psychosis	Before 1939

(Include pregnancy within 3 months of death)

Major findings:

Of operations: No

Of autopsy: No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

Where did injury occur? No (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): No

Means of injury: No Injured at work? No

23. SIGNATURE: Serge Andrup M. D. or other

Address: Spring Grove Hospital Date signed: 7/17/39

RECEIVED
JUL 24 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06812

1. PLACE OF DEATH (46-A)

County Baltimore Registration Dist. No. 30

Village or City Ellicott City No. Nine Mile Hill St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 14 yrs. mos. ds. How long in U.S. if of foraign birth? yrs. mos. ds.

2. FULL NAME Frank E. Sellers

(a) Residence: No. Nine Mile Hill St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie Ellis Sellers

6. DATE OF BIRTH (month, day, and year): Nov. 9, 1882

7. AGE: Years 52 | Months 8 | Days 20 | If LESS then 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Labor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year): 11/38

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland.

FATHER

13. NAME: W. D. Sellers

14. BIRTHPLACE (city or town) (State or country): Maryland.

MOTHER

15. MAIDEN NAME: Jennie Bradley

16. BIRTHPLACE (city or town) (State or country): Maryland.

17. INFORMANT (Address): Mrs Frank Sellers Ellicott City

18. BURIAL, CREMATION, OR REMOVAL Place St Johns Cem. Date Aug 1, 1939

19. UNDERTAKER (Address): Easton Dove Ellicott City

20. FILED 8/1/39 19 H. C. Goodman Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 29 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936 to July 29, 1939

I last saw him alive on July 29, 1939; death is said to have occurred on the date stated above, at 8 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma (adeno) of rectum	1938

Other Contributory Causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) George E. Burgtorf M. D.

(Address) Ellicott City, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
AUG 18 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06813

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46-C

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:

County Baltimore

City or town Dundalk
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 19 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Balto

City or town Dundalk Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 15 Admiral Boulevard
(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR —

3. (a) FULL NAME John Stuart Shaffer

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Loey Shaffer

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 20 - 1860

8. AGE: Years 79 Months 4 Days 4 If less than one day ____ hrs. ____ min.

9. Birthplace East Palestine Ohio
(Town, county, and state)

10. Usual occupation Conductor

11. Industry or business Rail Road

FATHER
12. Name George Shaffer
13. Birthplace Dont Know

MOTHER
14. Maiden name Grace Allford
15. Birthplace Dont Know

16. Informant Mrs Fred Davis

Address 15 Admiral Boule

17. Removal (Burial, cremation, or removal. Which?) Date thereof July 25 1939 (month) (day) (year)

Cemetery or crematory

Location New Castle Pa

18. Funeral director John Ullrich

Address 2008 Orleans

19. 7/25 1939 (Date rec'd by registrar) Milton W Smulson Registrar Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1939, at 9 30 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 8 1939, to July 24 1939, and that I last saw him alive on July 23 1939

Immediate cause of death Chronic Recurrent Intestinal Obstruction

Due to Probably Carcinoma of large intestine

Due to

Other conditions Chronic Myocarditis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 6 weeks

10 yrs

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M B Davis M. D. M. D. or other

Address Dundalk, Md. Date signed 7/24/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 1 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06814

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Rosemont, Annapolis Rd
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Baltimore
City or town Rosemont Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Annapolis Rd
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME John Hemmitt Shuckells
3. (b) Social Security Number None

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 7 1915
8. AGE: Years 23 Months 8 Days 16 If less than one day hrs. min.
9. Birthplace Baltimore Co Md (Town, county, and state)
10. Usual occupation None
11. Industry or business

FATHER
12. Name William H Shuckells
13. Birthplace Baltimore Md

MOTHER
14. Maiden name Helen Kaufmann
15. Birthplace Baltimore Md

16. Informant William H Shuckells
Address Annapolis Rd Rosemont Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 25 1939 (month) (day) (year)
Cemetery or crematory Mt Olivet Md
Location Baltimore Md
18. Funeral director Wilhom Cook
Address 1214 E Cold St
19. July 24 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1939, at 10 a -M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1935, to July 23 1939, and that I last saw him alive on July 23 1939

	DURATION
Immediate cause of death Paralysis cis.	
General Agitans	11 years.
Due to Encephalitis 1922	8 weeks.
Due to Fall on Head 1920	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R D Glaser M. D. or other
Address 2708 Hollins Ferry Rd Date signed July 23/39

RECEIVED
AUG 3 1939
BUREAU V. S.

VS A15 (I) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

612

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

06815

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: Balto

County Essex

City or town (If outside city or town limits, write RURAL NEAR and give town)

Street address, ~~hospital or institution~~ Stansbury's Corner

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Balto. City

City or town 2942 Keswick Rd. Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Raymond Nelson Shuler

3. (b) Social Security Number

4. Sex M.

5. Color or race W.

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 23 - 1927

8. AGE: Years 12 Months 8 Days 9 If less than one day hrs. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual occupation Schoolboy

11. Industry or business

FATHER 12. Name Raymond N. Shuler

13. Birthplace Balto Md

MOTHER 14. Maiden name Catherine J. Blake

15. Birthplace Balto Md.

16. Informant Mr. Raymond N. Shuler

Address 2942 Keswick Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/17/39 (month) (day) (year)

Cemetery or crematory New Cathedral

Location Edmonson Ave.

18. Funeral director Paul Chenoweth & Son

Address 3615-17 Chestnut Ave.

19. 7/15 1939 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14th 1939 4 P.M. ~~a.m.~~

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 , to 19 , ~~and that I last saw h alive on~~ 19

Immediate cause of death Accidental drowning

Due to There was no boat involved. S.W.L.R. Patient was drowned from pier, when

Due to no one was about.

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No Autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, ~~suicide, or homicide~~ Date of 7-14-1939

Where did injury occur? Essex (City or town) Balto (County) Md (State)

Injured at home, farm, industry, public place (where?) On a Shore

Means of injury Injured at work?

23. SIGNATURE N.P.O. Mse Dept P.M. Ex M. D. or other

Address Pikesville Md Date signed 7-14-39

RECEIVED
JUL 19 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06816

V. S. No. 1

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (95-C)

County Balto. Registration Dist. No. 44

Village or City Stemmers Run Md. No. 7 N. Evergreen Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel L. Smith

(a) Residence: No. 406 N. Milton Ave., St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Amanda A. Smith

6. DATE OF BIRTH (month, day, and year): April 11 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired Post Office Clerk

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Wm. H. Smith

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Henrietta Negee

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Samuel D. Smith (Address) 406 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Balto. Cem. Date Aug. 3-39, 19

19. UNDERTAKER: John F. Miller (Address) 2334 Jefferson St.

20. FILED Aug. 1 st, 19 39 John D. Connelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 31, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 17 1939, to July 31, 1939

last saw h... alive on July 31, 1939; death is said to have occurred on the date stated above, at 10.35 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arterio sclerotic Cardio - Vascular Disease	Sept 1938
Other Contributory Causes of importance: Coronary Thrombosis	July 31 1939

Name of operation: None Date of:

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas W. Edmunds M. D.

(Address) 2746 Alameda Blvd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1924*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*June 1, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

BUREAU
AUG 1939
U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

06817

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (93C)

County Baltimore Registration Dist. No.

Village or City Belmar No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of rasidence in city or town where deeth occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Sommers

(a) Residence: No. 4225 Kolb. ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5e. If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) Louise B. Sommers

6. DATE OF BIRTH (month, day, and year) Nov 11, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	8	20	

OCCUPATION

8. Trade, profession, or particuler kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, atc. Painter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. retired

10. Data deceased last worked at this occupation (month and year)

11. Totel time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Sommers

14. BIRTHPLACE (city or town) (Stata or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Edward Sommers (Address) 4225 Kolb ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Data Aug 2, 1939

19. UNDERTAKER Roland L. Fetkler (Address) 672 N. Monroe St

20. FILED 8/1, 1939 Mrs. E. G. Fintz Acting Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 31 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1939, to July 31, 1939

I last saw h— aliva on July 31, 1939; death is said to heva occurred on tha date stated abova, at 4 P. m.

Tha PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:

	Date of onset
Arteriosclerosis	1930
Myocardial decay	1930
Bronchopneumonia	July 26 1939

Other Contributory Causes of importance:

Nama of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was dua to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward A Bohlen M. D.

(Address) 3507 Taylor

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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AUG 7 1928
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06818

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Stemmers Run
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Hunting Cove.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 15 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Balto.
City or town: Stemmers Run Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Hunting Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mollie E. Stratemeyer (Voigt)

3. (b) Social Security Number:

4. Sex: F.

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Henry Stratemeyer

6(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): Jan 8 - 1872

8. AGE: Years: 66 | Months: 6 | Days: 4 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Balto. Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: at Home

FATHER
12. Name: Henry Voigt
13. Birthplace: Germany

MOTHER
14. Maiden name: Mary Ellen
15. Birthplace: Ireland

16. Informant: Henry Stratemeyer
Address: Hunting Ave.

17. Mt Carmel (Burial, cremation, or removal—Which?) Date thereof July 15-39 (month) (day) (year)
Cemetery or crematory: Mt Carmel
Location: O'Donnell St. Rd.

18. Funeral director: John G. Connelly
Address: Essex Md.

19. July 14 1939 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 12 1939, at 8A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 4 1938, to July 12 1939, and that I last saw her alive on July 12 1939.

	DURATION
Immediate cause of death: Mesenteric Thrombosis	3 days
Due to: Generalized Arteriosclerosis	
Due to:	
Other conditions: Carcinoma of breast - left	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Dwight H. Sims M.D.
M. D. or other
Address: Essex, Md. Date signed:

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JUL 14 1939
BUREAU V. S.

06819

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 24 days

Stay in this community (yrs., or mos., or days) over 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore City

City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 4206 Springdale Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME LOUISE KAFKA SUMMERFIELD

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife — Summerfield

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) November 28, 1869

8. AGE: Years 69 | Months 8 | Days 2 | If less than one day ___ hrs. ___ min.

9. Birthplace New Jersey
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Gustav Kafka
13. Birthplace Austria

MOTHER
14. Maiden name (unknown)
15. Birthplace Austria

16. Informant Hospital Records

Address

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof 8/1/39
(month) (day) (year)

Cemetery or crematory Hebrew Friendship Cem

Location Phila Rd - Baltimore City

18. Funeral director J. Ahrens Co

Address Reisterstown Rd

19. 7/30 1939 (Date rec'd by registrar) R. G. Andrews Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1939, at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 6 1939, to July 30 1939, and that I last saw'n er alive on July 30 1939.

Immediate cause of death: Broncho pneumonia — DURATION: 1 day

Due to: Chronic nephritis — Before 1939

Due to: Arteriosclerosis — Before 1939

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert E. Gardner M.D.
M. D. or other

Address Catonsville Md Date signed 7-30-39

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 2 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06820

(131)

1. PLACE OF DEATH

County Balto. Co. Registration Dist. No. 38

Village or City Towson Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Celie B. Valentine If U. S. Veteran, specify WAR

(a) Residence: No. 369 Hillen Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Valentine

6. DATE OF BIRTH (month, day, and year) Jan 30th, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
68		5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co.

FATHER

13. NAME Benjamin Johnson

14. BIRTHPLACE (city or town) (State or country) Sparks Md. Balto. Co.

MOTHER

15. MAIDEN NAME Angeline

16. BIRTHPLACE (city or town) (State or country) Sparks Md. Balto. Co.

17. INFORMANT (Address) Angeline Williams 369 Hillen Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Sparks Md. Date 7/6, 1939

19. UNDERTAKER (Address) Archibald A. Geddis 2101 McCulloch St.

20. FILED July 6, 1939 W. Carroll Van Horn Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 4, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 1938 to July 3, 1939

I last saw h— alive on July 3, 1939; death is said to have occurred on the date stated above, at 1:00 p m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Clinic Arteriosclerotic Nephritis

Date of onset Sept 4 1938

Other Contributory Causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Urinary Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis A. Johnson M. D.

(Address) 2329 - Fleetwood Co.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

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V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUL 11 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

06821

1. PLACE OF DEATH. (13)

County Baltimore Registration Dist. No. 38

Village or City Towson Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles N. Walker If U. S. Veteran, specify WAR

(a) Residence: No. 413 Jefferson Ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Walker

6. DATE OF BIRTH (month, day, and year): Aug 10th 1877

7. AGE: Years 61 Months 11 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Minister

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 30 yrs

12. BIRTHPLACE (city or town) (State or country): Chester Pa.

FATHER

13. NAME: Charles N. Walker

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Jolena Delaney

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT (Address): Margaret Walker 413 Jefferson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Zion Cemetery Newark Md. Date: 7-21-, 1939

19. UNDERTAKER (Address): Byron & Mamie W. Wright 1218 McElderry St Balto Md

20. FILED: July 20, 1939 W. Carroll Hanhom Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 17 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1939, to July 17, 1939

I last saw him alive on July 17, 1939; death is said to have occurred on the date stated above, at 7:53 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1939

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) William S. Polk, M. D.

(Address) Towson, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

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V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

AUG 4 1933
BUREAU U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

06822

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Baltimore (21) Registration Dist. No. 31

~~Village or City~~ Baltimore No. 6045 Gwynn Oak Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 3 mos. 18 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel W. Warner If U. S. Veteran, specify WAR

(a) Residence: No. 6045 Gwynn Oak Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. ~~COLOR OR RACE~~: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and yaer): March 22, 1939

7. AGE — Yaars | Months: 3 | Days: 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceasad lest workad at this occupation (month end yaar)

11. Totel time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Co. Md. (State or country)

FATHER

13. NAME Daniel W. Warner

14. BIRTHPLACE (city or town) Mass (State or country)

MOTHER

15. MAIDEN NAME Grace Pratt

16. BIRTHPLACE (city or town) Mass (State or country)

17. INFORMANT Daniel W. Warner (Address) 6045 Gwynn Oak Ave

18. BURIAL, CREMATION, OR REMOVAL Place Stark's Bridge, Mass. Data 7/7/39, 19

19. UNDERTAKER Harry F. Witzke (Address) 4401 Edmondson Ave

20. FILED July 6, 1939 J. J. Miller Reil Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 5 (Dey), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceesad from June 30, 1939, to July 5, 1939

I last saw h. 2 m alive on July 5, 1939; death is said to have occurred on tha date stated above, at 11 P. m.

The PRINCIPAL CAUSE OF DEATH and releted causas of importance were as follows:

	Date of onset
-Hymic Asthma	
+ Secondary Bronchitis	
Othar Contributory Causes of importance: Amotrophic Paralysis spinal cord	

Name of operation Date of

What test confirmed diagnosis? Was thera an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way relatad to occupation of deceased?

If so, specify

(Signed) Clarence E. Mackey M. D.

(Address) 3400 Garrison Blvd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

(93c)

Registered No. 06823

1. PLACE OF DEATH:
(a) Baltimore ~~City~~, Maryland Co.
(b) Street address 7216 Philadelphia Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 7216 Philadelphia Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm. F. Weitzel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mabel E. Weitzel
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Dec 4 1865

8. AGE: Years	Months	Days	If less than one day
73	7	11	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Ret Grocery Store
11. Industry or business

FATHER
12. Name Jacob C. Weitzel
13. Birthplace Balto Md

MOTHER
14. Maiden Name Mary E. Giles
15. Birthplace Balto Md

16 (a) Informant Mabel E. Weitzel
(b) Address 7216 Philadelphia Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-39 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Eastern Ave

18 (a) Funeral director John C. Miller Inc
(b) Address 2435 E. Oliver St

19 (a) (Date rec'd by Registrar) (b) Huntington Willis Registrar

JUL 15 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14-1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1/39 19 7/14/39 19; and that I last saw h alive on 7/14/39 19.

Immediate cause of death: Pernicious Anemia — Duration 1 yr.
Due to:
Due to:
Other Conditions: Myocardial Degeneration — Bmd
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Hermanns M. D.
Address 2913 E. Baltimore St Date signed 7/15/39

VS 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

06824

(82) a

1. PLACE OF DEATH

County Baltimore — Registration Dist. No. 20

Village or City Catonsville — No. 15 N. Symington Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Robert G. Wetzel

(a) Residence: No. 15 N. Symington Ave St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Erma G. Wetzel

6. DATE OF BIRTH (month, day, and year): Oct 13, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Supt. N. M. Dairy

10. Date deceased last worked at this occupation (month and year): June 1935

11. Total time (years) spent in this occupation: 30 yrs

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: John E. Wetzel

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Lizetta Biermann

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Erma G. Wetzel, 15 N. Symington Ave

18. BURIAL, CREMATION, OR REMOVAL — Place: New Cathedral — Date: July 5, 1939

19. UNDERTAKER (Address): Mrs. Mrs. John H. Teufel & Son, 801 W. Fayette St.

20. FILED 7/7, 1939 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 7 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1939, to July 7, 1939

I last saw h[im] alive on July 1, 1939; death is said to have occurred on the data stated above, at 11:15 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

	Data of onset
Cerebral Hemmorhage	7/2/39
Other Contributory Causes of importance:	
Streptococcus Pharyngitis	6/24/39

Name of operation — Date of —

What test confirmed diagnosis? Meth — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

No

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Willard A Janney M. D.

(Address) Baltimore Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

06825

(131)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. 6405 Frederick Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William B. Wood If U. S. Veteran, specify WAR

(a) Residence: No. 6405 Frederick Ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Carrie L. Wood

6. DATE OF BIRTH (month, day, and year): Dec 17 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Real Estate Broker

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Title Guarantee & Trust Co

10. Date deceased last worked at this occupation (month and year): 1924

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: William F. Wood

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Mary L. Brewer

16. BIRTHPLACE (city or town) (State or country): Annapolis Maryland.

17. INFORMANT (Address): Mrs. William B. Wood. 6405 Frederick ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date July 8, 1939

19. UNDERTAKER: Hellenaus Keogh

(Address) 1217 St Paul St.

20. FILED 7/7, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 6 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Apr. 26, 1939, to July 6, 1939

I last saw h. alive on July 6, 1939; death is said to have occurred on the date stated above, at 3 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis	1935

Other Contributory Causes of Importance:

Chr. Myocarditis	1935

Neme of operetion: None Date of

What test confirmed diagnosis: Typical Examination Was there en eutopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Neture of injury

24. Wes diseese or injury in eny wey releted to occupation of deceesed? no

If so, specify

(Signed) Fanny Brown M. D.

(Address) 1663 W. North ave.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

06826

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (87E)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Woodlawn (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Belmont Ave.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 15 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: County:

City or town: Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Berry Beaumont Zimmerman

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Cora May Miller

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug 28, 1882

8. AGE: Years: 56 Months: 11 Days: 1 If less than one day: hrs. min.

9. Birthplace: Baltimore Co. Md. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER

12. Name: Vernon Emory Zimmerman

13. Birthplace: Maryland

MOTHER

14. Maiden name: Lydia Beaumont

15. Birthplace: Maryland.

16. Informant: Mrs Russell Mapley

Address: Ellicott City Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 1, 1939 (month) (day) (year)

Cemetery or crematory: Mount Olive

Location: Liberty Rd & Old Court Rd.

18. Funeral director: Edston Sons

Address: Ellicott City Md.

19. 8/1 (Date rec'd by registrar) 1939 [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 29, 1939, at 6:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1939 to July 29 1939 and that I last saw him alive on July 29 1939

Immediate cause of death: Arteriosclerotic cardiovascular disease — DURATION: 10 yrs

Due to:

Due to:

Other conditions: Multiple Sclerosis (Include pregnancy within 3 months of death) — 10 yrs

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Alpha N Herbert MD M. D. or other

Address: Ellicott City Md Date signed: 7-31-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 35

CERTIFICATE OF DEATH

06827

1. PLACE OF DEATH:

(a) County Baltimore.

(b) City or town Freeland, Md. R.D.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Freeland, — Rural.
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Peter Ruhl Zimmerman.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married.

6 (b) Name of husband or wife Geneva Zimmerman

6. (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) April 21, 1878

8. AGE: Years 61 Months 3 Days 7 If less than one day hr. min.

9. Birthplace Freeland, Md. R.D.
(Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business Saw mill.

FATHER
12. Name Henry Zimmerman.
13. Birthplace Freeland, Md.

MOTHER
14. Maiden Name Rachel Ruhl.
15. Birthplace Freeland, Md.

16 (a) Informant Geneva Zimmerman
(b) Address Freeland, Md. R.D.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof July 31, 1939. (month) (day) (year)

(c) Cemetery or crematory Stiltz
Location Stiltz, Pa.

18 (a) Funeral director N. Trabert
(b) Address Freeland, Md.

19 (a) July 28, 1939 (Date rec'd by registrar) (b) Samuel T. Miller Registrar

MEDICAL CERTIFICATION

20. Date of death July 28, 1939, at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939, to July 28 1939, and that I last saw him alive on July 26 1939.

Immediate cause of death Mitral Regurgitation

Due to Arterio-Sclerosis

Due to

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. R. Yagle M. D. or other

Address New Freedom Pa. Date signed July 28-39.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23) Reg. Dist. No. 27

CERTIFICATE OF DEATH

06828

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS. A15

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town RURAL (REISTERSTOWN) (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Mount Pleasant Sanatorium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in this community (yrs., mos., or days) 2 1/2 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 5709 Key Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** JACOB ZOOK

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife ROSE ZOOK

6. (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) DEC. 14, 1899

8. AGE: Years 39 | Months 6 | Days 1 | If less than one day _____ hr. _____ min.

9. Birthplace RUSSIA (Town, county, and state)

10. Usual occupation MEAT BUYER

11. Industry or business MEAT BUYER

FATHER
12. Name LOUIS ZOOK
13. Birthplace RUSSIA

MOTHER
14. Maiden Name SARAH COHEN
15. Birthplace RUSSIA

16 (a) Informant FAMILY
(b) Address 5709 Key Ave Baltimore, Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-16-39 (month) (day) (year)
(c) Cemetery or crematory Church Annex Cem
Location Reisterstown, Md.

18 (a) Funeral director Jos. Caulfield Inc
(b) Address 1429 Park Ave Baltimore Md

19 (a) July 15, 1939 (Date rec'd by registrar) (b) _____ Registrar

MEDICAL CERTIFICATION

20. Date of death JULY 15 1939, at 11:13 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JULY 8 1939, to JULY 15 1939, and that I last saw him alive on JULY 15 1939.

Immediate cause of death	Duration
CHRONIC PULMONARY TUBERCULOSIS	Unknown
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations NONE
Of autopsy NONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** Samuel Lipsteen M.D (M. D. or other)

Address Mt. Pleasant Reisterstown Md Date signed July 15 1939

RECEIVED
AUG 5 1939
BUREAU, V. S.